108000008987

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700305904377

11/29/17--01017--003 **55.00

17 NOV 30 PM II: 09



STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1). Florida Statutes, this limited liability company submits the following statement of authority: PLAYER'S COVE DEVELOPMENT, LLC FIRST: The name of the limited liability company is: A FLORIDA LIMITED LIABILITY COMPANY SECOND: The Florida Document Number of the limited liability company is: THIRD: The street address of the limited liability company's principal office is: 2639 PROFESSIONAL CIRCLE SUITE 101 NAPLES, FLORIDA 34119 The mailing address of the limited liability company's principal office is: 2639 PROFESSIONAL CIRCLE SUITE 101 NAPLES, FLORIDA 34119 FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to:____JOHN FERRY b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company; 3 Granted to: b. No authority granted to: BRIAN K. STOCK Typed or printed name of signature Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)