L00000001816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

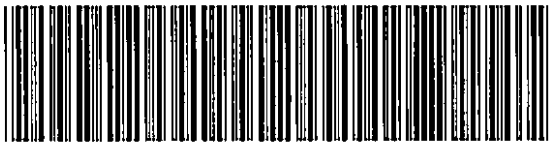
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 10 2018

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Our Deck Down Under, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Mason
Name of Person

Halifax Law Group
Firm/Company

PO Box 9357
Address

Daytona Beach, Florida 32120
City/State and Zip Code

amason@halifaxlawgroup.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ashley Mason at (386) 492-4880
Name of Person — Area Code — Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Our Deck Down Under, LLC

SECOND: The Florida Document Number of the limited liability company is: L00000001816

THIRD: The street address of the limited liability company's principal office is:

78 DUNLAWTON AVENUE
PORT ORANGE, FL 32127

The mailing address of the limited liability company's principal office is:

78 DUNLAWTON AVENUE
PORT ORANGE, FL 32127

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: Andrew Warden and Karol Mowery
   b. No authority granted to: Kay Moore
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
   a. Granted to: Andrew Warden and Karol Mowery
   b. No authority granted to: Kay Moore

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TALLAHASSEE, FLORIDA

Signature of authorized representative

Andrew D. Warden
Typed or printed name of signature

Filing Fee: $25.00
Certified Copy: $30.00 (optional)

CR2E138 (2/14)