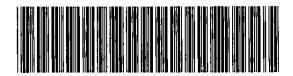
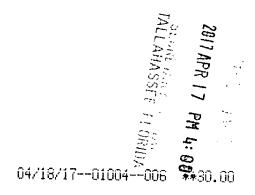


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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
Naples Building, LLC SUBJECT:	
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:	
Patrick B. Casey, J.D., CPA	
Name of Person	
Casey Law Group, P.L.	
Firm/Company	
P.O. Box 2527	
Address	
Bonita Springs, FL 34133	
City/State and Zip Code	TASE
patrick@caseylawoffice.com	TAPR 17
E-mail address: (to be used for future annual report notification)	ASSI R 17
For further information concerning this matter, please call:	PA
Name of Person at (239) 498.6999 Area Code Daytime Telephone Number	PHIC: 23

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

TO:

Registration Section

STATEMENT OF AUTHORITY

COND:	The Florida Document Number of the limited liability company is: L02000008188	}
	he street address of the limited liability company's principal office is:	
15	509 Railhead Boulevard	
Na 	aples, FL 34110	
	The mailing address of the limited liability company's principal office is:	
OURTH:	This statement of authority grants or sets limitations of authority on all persons having	the status or
sition of a	This statement of authority grants or sets limitations of authority on all persons having a person in a company, whether as a member, transferce, manager, officer or otherwise of the following: May execute an instrument transferring real property held in the name of the company a. Granted to: Steven A. Romanelli, Sr.	or to a specific
osition of a erson on th	a person in a company, whether as a member, transferce, manager, officer or otherwise of the following: May execute an instrument transferring real property held in the name of the company	or to a specific
osition of a erson on th	b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the comparations and the company of the company o	or to a specific APR 17 PH 12: 23
osition of a erson on th 1.	b. No authority granted to:	or to a specific APR 17 PH 12: 23

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

CR2E138 (2/14)



VIA First Class U.S. Mail Addressed As Below

April 11, 2017

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

Statement of Authority

Naples Building, LLC

Document L02000008188

Dear Deputy Clerk:

Enclosed in the following:

- Your standard cover letter re: Statement of Authority;
- Statement of Authority on behalf Naples Building, LLC; and
- Check payable to the Division of Corporations

Please cause the Statement of Authority to be recorded in the public records of the Division.

Sincerely,

For the Firm

Patrick B. Casey, J.D., Counselor and Attorpey at Law

cc: encl,: file w/encl As Stated

Document2

Sunshine Professional Center 9240 Bonita Beach Road, Suite 1109 Bonita Springs, Florida 34135 _(239) 498-6999 Fax: (239) 498-6990_