L03000012212

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| — (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| — (Do | ocument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

3.

| TO: | Registration Section Division of Corporations | | | | | |
|---------|---|--------|------------------|-------------------|------------------------|----|
| SUBJE | CT: HI-OAKS, LLC | | | | | |
| | - | Name | of Limited Liab | oility Company | | |
| | | | | | | |
| Dear 9 | iir or Madam: | | | | | |
| The er | nclosed Statement of Authori | ty and | fee(s) are sub | mitted for filing | 3. | |
| Please | return all correspondence o | oncern | ing this matter | r to the followi | ng: | |
| | | | | | | |
| Kanna | th M. Clayton, Esq. | | | | | |
| Kemie | Name of Person | | | | | |
| c/o Cla | ayton & McCulloh, P.A. | | | | | |
| | Firm/Company | | | <u>.</u> | | |
| 1065 I | Maitland Center Commons Bl | vd | <u> </u> | <u></u> | | |
| | Address | | | | | |
| Maitla | nd, FL 32751 | | | | | |
| | City/State and Zip | Code | | | | |
| For Fu | rther information concerning | this m | natter, please o | call: | | |
| Kenne | th M. Clayton, Esq. | at _ | (407) | | 875-2655 | |
| | Name of Person | | Area Code | | Daytime Telephone Numb | er |
| CTDEE | TICOUDIED ADDDECS | | BAALLIN | C ADDRECC. | | |
| SIKEE | T/COURIER ADDRESS: | | IVIAILIN | G ADDRESS: | | |

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

CR2E138 (2/14)

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: _HI-OAKS, LLC | | | | |
|---|--|--|--|--|
| SECOND: The Florida Document Number of the limited liability company is: L03000012212 | | | | |
| THIRD: The street address of the limited liability company's principal office is: | | | | |
| 5405 Diplomat Circle, Suite 100 | | | | |
| Orlando, FL 32810 | | | | |
| The mailing address of the limited liability company's principal office is: | | | | |
| 5405 Diplomat Circle, Suite 100 | | | | |
| Orlando, FL 32810 | | | | |

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: <u>Kenneth M. Clayton</u>, <u>Independently as Manager of WMC Management</u>, <u>LLC</u>, as General Partner of Clayton Investments, Ltd., as sole Member of the member <u>managed Hi-Oaks</u>, <u>LLC</u>.
 - b. Also granted to: <u>Craig H. Clayton, Independently as Manager of WMC Management, LLC, as General Partner of Clayton Investments, Ltd., as sole Member of the member managed Hi-Oaks, LLC.</u>
- 2. May enter into other transactions on behalf of, or otherwise act or bind, the company.
 - a. Granted to: <u>Kenneth M. Clayton</u>, <u>Independently as Manager of WMC Management</u>, <u>LLC</u>, as General Partner of Clayton Investments, <u>Ltd</u>., as sole Member of the member <u>managed Hi-Oaks</u>, <u>LLC</u>.

b. Also granted to: <u>Craig H. Clayton, Independently as Manager of WMC Management, LLC, as General Partner of Clayton Investments, Ltd., as sole Member of the member</u>

managed Hi-Oaks, LLC.

Signature of authorized representative

Kenneth M. Clayton

Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

