

1 1
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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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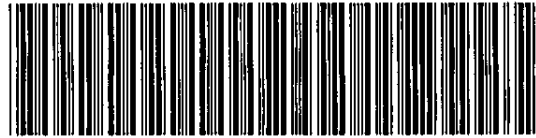
(Business Entity Name)

(Document Number)

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Statement of Authority

1. **LB Cortile, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

National

STATEMENT OF AUTHORITY

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

FIRST: The name of the limited liability company is: LB Cortile, LLC

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

9130 Galleria Court, Suite 200

Naples, Florida 34109

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

9130 Galleria Court, Suite 200

Naples, Florida 34109

THIRD: 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: Mark D. Wilson

Stephen G. Wilson

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Mark D. Wilson

Stephen G. Wilson

b. No authority granted to: _____

Jeff Novatt, Esq.
Signature of authorized representative

Jeff Novatt, Esq.
Typed or printed name of signature

Filing Fee: \$25.00
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