L19000068854

Florida Department of State
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Savol, 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:

Keith C. Durkin
Name of Person

Baker & Hostetler, LLP
Firm/Company

200 South Orange Avenue, Suite 2300
Address

Orlando, Florida 32801
City/State and Zip Code

tyler.spore@virtechsystems.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith C. Durkin at (407) 649-4005
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

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: Savol, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000068854

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

854 W. Plymouth Avenue
DeLand, Florida 32720

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

854 W. Plymouth Avenue
DeLand, Florida 32720

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:
   b. No authority granted to: George B. Mackenzie
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
   a. Granted to :
   b. No authority granted to: George B. Mackenzie

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Signature of authorized representative

Tyler Spore, Authorized Rep.
Typed or printed name of signature

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

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