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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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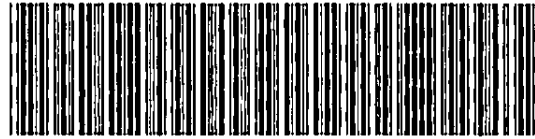
(Business Entity Name)

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TALLAHASSEE, FLORIDA

JK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORANGE AVENUE ENTERPRISES, 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:

Lynn B Aust
Name of Person

Aust Law Firm
Firm/Company
1220 East Livingston Street
Orlando, FL 32803
Address

City/State and Zip Code

doveattorney@austlaw.biz
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn B Aust at (407) 447-5399
Name of Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

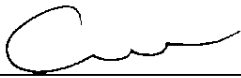
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

I, ANTHONY H. ROY, am the sole Authorized Member for ORANGE AVENUE ENTERPRISES LLC (hereinafter "Company"), with the principal and mailing address of 231 South Triplet Lake Drive, Casselberry, FL 32707 states the authority granted for the following person and position:

1. ANTHONY H. ROY, sole Member of the Company, has the absolute authority to:
 - a. Execute an instrument transferring real property held in the name of the Company; and
 - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.

This Statement of Authority was signed on the 17th day of May, 2022.



ANTHONY H. ROY, Member

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JILL AHASSEE, CLERK

This Statement of Authority prepared by:
Aust Law Firm
1220 E. Livingston St.
Orlando, FL 32803
407-447-5399