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COVER LETTER

TO: Registration Section Division of Corporations				
EMC-1, LLC				
SUBJECT: Name of L	imited Liability Com	pany		
Dear Sir or Madam:				
	1 10 10 61			
The enclosed Statement of Authority and fee(s) are	submitted for filing.			
Please return all correspondence concerning this m	atter to the following	:		
Eric S. Mashburn				
Name of Person				
Firm/Company				
102 E. Maple Street				
Address		•		
Winter Garden, FL 34787				
City/State and Zip Code				
info@wintergardenlaw.com				
E-mail address: (to be used for future ann	ual report notification	n)	740 2	
For further information concerning this matter, plea	ase call.		2016 SECI	
•	use cuit.			
Eric S. Mashburn	407 at (656-1576	2°	1
Name of Person	Area Code	Daytime Telep	ohone Number	
				C
			SE 등 5	
STREET/COURIER ADDRESS:	MAILING ADDRESS: 57' 0-			
Registration Section Division of Corporations	Registration Section			
Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle		see, Florida 32314		
Tallahassee, Florida 32301				

STATEMENT OF AUTHORITY

authority:	n 605.0302(1), Florida Statutes, this limited liabil		ent of
FIRST: The nam	e of the limited liability company is: EMC-1, I	_LC	
SECOND: The F	lorida Document Number of the limited liability	company is:L06000007303	
	et address of the limited liability company's prince. Hiawassee Rd., Ste. 213	cipal office is:	
Orland	o, FL 32835		
	iling address of the limited liability company's pass above	rincipal office is:	
	statement of authority grants or sets limitations of on in a company, whether as a member, transferee		
1. May	execute an instrument transferring real property	held in the name of the company.	
	b. No authority granted to:		
2. Mag	enter into other transactions on behalf of, or other	> >> →	, 7
	a. Granted to: Conchita Q. Magsino	EB 29 HASSER) [
	b. No authority granted to:	SE FLORIDA	ر ر
			<u>.</u>

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