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(City/State/Zip/Phone #)

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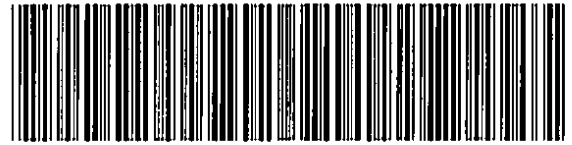
(Business Entity Name)

(Document Number)

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2018 AUG 24 AM 11:10

18 AUG 24 PM 3:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T. CLINE

AUG 27 2018

EXAMINER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 362279 3487A

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : August 24, 2018

ORDER TIME : 11:57 AM

ORDER NO. : 362279-015

CUSTOMER NO: 3487A

2018 AUG 24 AM 11:10

DOMESTIC FILING

NAME: CAMELOT COMMUNITIES MHP, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Camelot Communities MHP, 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:

Richard S. Webb, IV, Esq.

Name of Person

Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

Firm/Company

2033 Main Street, Suite 600

Address

Sarasota, FL 34237

City/State and Zip Code

rwebb@icardmerrill.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard S. Webb, IV at (941) 366-8100
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

2025 AUG 24 AM 11:10

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: Camelot Communities MHP, LLC,

SECOND: The Florida Document Number of the limited liability company is: L06000011361

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

c/o The Ben and Catherine Ivy Foundation

6710 N. Scottsdale Road, Suite 235

Scottsdale, Arizona 85253

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

c/o The Ben and Catherine Ivy Foundation

6710 N. Scottsdale Road, Suite 235

Scottsdale, Arizona 85253

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: Catherine E. Ivy

and Lanny W. Tyler


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: Catherine E. Ivy

and Lanny W. Tyler

b. No authority granted to: _____


Signature of authorized representative

Catherine E. Ivy

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)