

LOG000029656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

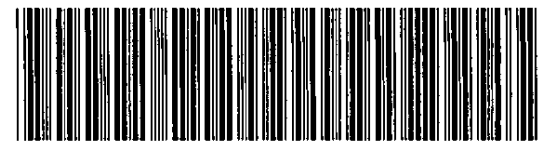
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/06/17--01034--021 **\$5.00

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17 NOV -6 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN
NOV 09 2017

**SWAINE &
HARRIS P.A.**

November 2, 2017

State of Florida
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

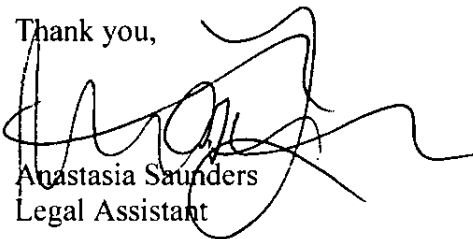
Re: Statement of Authority – Parkside Village of Sebring, LL

Registration Section:

Please file and record the enclosed Statement of Authority and then return the certified copy to me using the enclosed envelope. Also enclosed is our check # 12662 in the amount of \$55.00 for the filing fee (\$25) and the certified copy fee (\$30).

If you need anything further or if you have any questions, please call me.

Thank you,



Anastasia Saunders
Legal Assistant

\as
Enclosures - as stated

Prepared by:
Thomas J. Wohl
Swaine & Harris, P.A.
425 South Commerce Avenue
Sebring, FL 33870-3702
File No. 6587

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), *Florida Statutes*, this limited liability company submits the following statement of authority:

1. The name of the limited liability company is Parkside Village of Sebring, LLC.
2. The Florida Document Number of the limited liability company is L06000029656.
3. The street address of the limited liability company's principal office is
2636 Mellow Lane, Sebring, FL 33870.
4. The mailing address of the limited liability company's principal office is
2636 Mellow Lane, Sebring, FL 33870.
5. 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:
 - A. May execute an instrument transferring real property held in the name of the company, granted to William R. Handley, Manager.
 - B. May enter into other transactions on behalf of, or otherwise act for or bind the company, granted to William R. Handley, Manager.

Dated this 2 day of November, 2017.

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TALLAHASSEE, FLORIDA

Two Witnesses:

[Signature]
(Printed Name) Anastasia L. Saunders

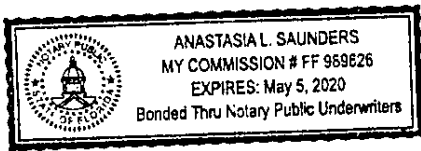
[Signature]
(Printed Name) TERRI WATSON

Parkside Village of Sebring LLC, a Florida limited liability company

By: [Signature]
Patricia W. Handley, Manager

**STATE OF FLORIDA
COUNTY OF HIGHLANDS**

The foregoing instrument was acknowledged before me this 2 day of November, 2017, by Patricia Handley, as Manager of **Parkside Village of Sebring, LLC**, a Florida limited liability company, personally known to me or [] produced _____ as identification.



[Signature]
Notary Public
Commission No. 989626
My commission expires: 5/5/2020
(affix notarial seal)

Two Witnesses:

[Signature]
(Printed Name) Anastasia L. Saunders

[Signature]
(Printed Name) TERRI WATSON

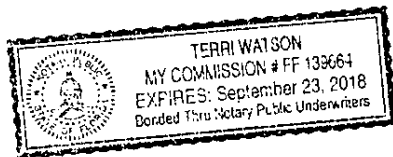
Tomarco Partners, LLLP, a Florida limited partnership, as an Authorized Member by **Tomarco Management, LLC**, a Florida limited liability company, as a General Partner

By: [Signature]
Thomas M. Wohl, Manager

FILED
17 NOV -6 AM 11:39
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

**STATE OF FLORIDA
COUNTY OF HIGHLANDS**

The foregoing instrument was acknowledged before me this 2 day of November, 2017, by Thomas M. Wohl, as Manager of **Tomarco Management, LLC**, a Florida limited liability company, personally known to me or [] produced _____ as identification.



[Signature]
Notary Public
Commission No. _____
My commission expires: _____
(affix notarial seal)

Two Witnesses:

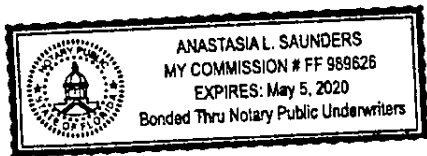
[Signature]
(Printed Name) Anastasia L. Saunders
[Signature]
(Printed Name) TERRI WATSON

Parkside Village of Sebring LLC, a Florida limited liability company

By: [Signature]
William R. Handley, Manager

**STATE OF FLORIDA
COUNTY OF HIGHLANDS**

The foregoing instrument was acknowledged before me this 1 day of November, 2017, by William R. Handley, as Manager of **Parkside Village of Sebring, LLC**, a Florida limited liability company, personally known to me or produced _____ as identification.



[Signature]
Notary Public
Commission No. 999626
My commission expires: 5/5/2020
(affix notarial seal)

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TAL LAMASSE, FLORIDA