

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Ivy Rosenthal
Account Name : BROAD AND CASSEL-WPB
Account Number : I1999000010
Phone : (561) 832-3300
Fax Number : (561) 655-1109

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: *irosenthal@broadandcassel.com*

STATEMENT OF AUTHORITY
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PAINTED CLIFFS LLC

Certificate of Status	0
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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: Painted Cliffs LLC

SECOND: The Florida Document Number of the limited liability company is: L06000048967

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

One N. Clematis Street

Suite 500

West Palm Beach, FL 33401

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

P.O. Box 4807

Sedona, AZ 86040

35 Garnet Hill Drive
Sedona, AZ 86336

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.

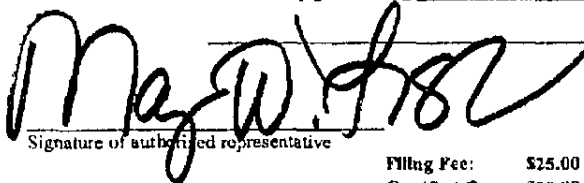
a. Granted to: Jacqueline S. Miller

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: _____

b. No authority granted to: _____



Signature of authorized representative

Mary D. Fisher, Manager

Typed or printed name of signature

Filing Fee: \$25.00

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