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## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Dewey Robbins Roa	ad I, LLC		
SUDJE		pany		
Dear Si	r or Madam:			
The enc	losed Statement of Authority an	d fee(s) are submitt	ed for filing.	
Please r	eturn all correspondence concern	ning this matter to t	he following:	
Holly	L. Collins			
	Name of Person	n		
Nelso	on Mullins Broad and Cas	ssel		
	Firm/Company	· ·		
390 N	I. Orange Avenue, Suite	1400		
	Address			
Orlan	do, Florida 32801			
	City/State and Zip Coo	de		
holly.	collins@nelsonmullins.co	om		
	E-mail address: (to be used for	future annual repor	t notification	)
For furtl	her information concerning this	matter, please call:		
Holly	L. Collins		407	839-4200
	Name of Person		Area Code	Daytime Telephone Number
	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	ESS:	Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee. Florida 32314

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited authority:	liability company submits the following statement of			
FIRST: The name of the limited liability company is:  Dewey Robbins Road I, LLC  SECOND: The Florida Document Number of the limited liability company is:  L06000109468				
Orlando, Florida 32801				
The mailing address of the limited liability compar 390 N. Orange Avenue, Suite 1400	ny's principal office is:			
Orlando, Florida 32801				
FOURTH: This statement of authority grants or sets limitation position of a person in a company, whether as a member, transperson on the following:  1. May execute an instrument transferring real propagation.  a. Granted to:  C. David Brown, II	sferce, manager, officer or otherwise or to a specific perty held in the name of the company.			
b. No authority granted to:	A: EP			
2. May enter into other transactions on behalf of, of a. Granted to: C. David Brown, II	- : œ [:			
b. No authority granted to:				
<u>C62</u>	C. David Brown, II			
Signature of authorized representative Filing Fee: Certified Copy:	Typed or printed name of signature \$25.00 \$30.00 (optional)			