L67000084175

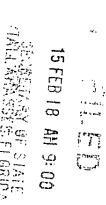
(Re	equestor's Name)		
(Ad	dress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL .	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
•			

Office Use Only



900268961509

02/18/15--01024--019 **110.00



1. CHANGE FEB 2 4 2015

COVER LETTER

Division of Corporations		
BEAUMARIS, LLC SUBJECT:		
	ted Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Sue H. Smith		
Name of Person		
Porter Wright Morris & Arthur, LLP		
Firm/Company		
9132 Strada Place, Third Floor		
Address		
Naples, Florida 34108		
City/State and Zip Code		
shsmith@porterwright.com		
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please	call:	
Sue H. Smith	239	593-2928
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
Clifton Building	P.O. Box	0327

CR2E138 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301

TO:

Registration Section

* Certified Copy requested

Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

of

BEAUMARIS, LLC

Pursuant to the Florida Revised Limited Liability Act, Section 605.0302, Florida Statutes, Beaumaris, LLC, a Florida limited liability company (the "Company") does on this // day of February, 2015, hereby submit and file the following statement of authority (the "Statement") for public recordation with the Florida Department of State, Division of Corporations:

FIRST: The name of this limited liability company submitting and filing the Statement is Beaumaris, LLC.

SECOND: The Company initially registered and filed its Articles of Organization with the Florida Department of State on August 16, 2007, document number L07000084175.

THIRD: The registered street and mailing address of the Company's principal office is 2430 Vanderbilt Beach Road, Suite 108, Naples, Florida 34109.

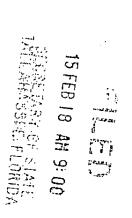
FOURTH: The Company does hereby authorize the following managers of the Company to execute any instrument or documentation necessary to accept, transfer, mortgage, or sell real property held in the name of the Company, as well as enter into any other commercial or business transactions on behalf the Company:

Michael F. Wise 430 Putter Point Court Naples, Florida 34103

The undersigned acknowledge that the execution of this Statement constitutes an affirmation, under penalty of perjury, that the facts, information, authorizations, and representations as stated herein are accurate and true.

The undersigned are aware that any false information submitted in a document to the Florida Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.

[Signatures on the following page]



Signed this _____ day of February, 2015.

BEAUMARIS, LLC

Michael F. Wise

Sole Member and Manager

15 FEB 18 AM 9: 00

NAPLES/634576v.1