

LO7000 126164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

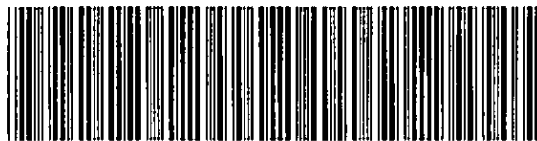
(Business Entity Name)

(Document Number)

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MAY 14 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Wales Properties, 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:

Dwight A. Ott

Name of Person

Lake Wales Properties LLC

Firm/Company

1800 N. Wabash Road, Suite 300

Address

Marion, IN 46952

City/State and Zip Code

Jennifer.Young@tlcmgmt.com

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

For further information concerning this matter, please call:

Jennifer Young	765	664-5400, ext. 3502
_____	at (_____) _____	_____
Name of Person	Area Code	Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: LAKE WALES PROPERTIES, LLC

SECOND: The Florida Document Number of the limited liability company is: L07000126164

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

701 OVERLOOK DRIVE

WINTER HAVEN, FL 33884

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

1800 N. WABASH

SUITE 300

MARION, IN 46952

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.

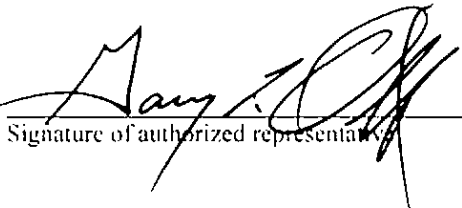
a. Granted to: _____

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: Dwight A. Ott, Secretary/Treasurer

b. No authority granted to: _____


Signature of authorized representative

Gary L. Ott, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)