

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~SUNBURST GROVES, LLC~~ MONTE VISTA GROVES, 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:

DENNIS L. HORTON

Name of Person

SUNBURST GROVES, LLC

Firm/Company

900 WEST HWY 50

Address

CLERMONT, FLORIDA 34711

City/State and Zip Code

DENNISHORTON@AOL.COM

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

For further information concerning this matter, please call:

DENNIS L. HORTON

Name of Person

at (**352**) **394-4008**

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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: MONTE VISTA GROVES, LLC

SECOND: The Florida Document Number of the limited liability company is: L08000000020

THIRD: The street address of the limited liability company's principal office is:
900 WEST HWY 50
CLERMONT, FLORIDA 34711

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

FILED
2016 APR 13 AM 9:27
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

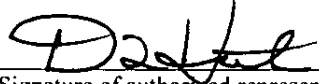
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.
a. Granted to: DENNIS L. HORTON

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: DENNIS L. HORTON

b. No authority granted to: _____


Signature of authorized representative

DENNIS L. HORTON
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)