## L08000002427

| (Re                                     | equestor's Name)   |           |  |  |
|---|--------------------|-----------|--|--|
| (Address)                               |                    |           |  |  |
| (Address)                               |                    |           |  |  |
| (Cil                                    | ty/State/Zip/Phone | : #)      |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Business Entity Name)                  |                    |           |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
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Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 362279 3487A AUTHORIZATION : COST LIMIT : ORDER DATE: August 24, 2018 ORDER TIME : 11:57 AM ORDER NO. : 362279-010 CUSTOMER NO: 3487A DOMESTIC FILING NAME: ROLLING GREENS COMMERICIAL, LLCEFFECTIVE DATE: \_\_\_ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner - EXT.

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

## **COVER LETTER**

| TO:  | Registration Section Division of Corporations                                  |              |  |                           |  |
|--|--|--------------|--|---------------------------|--|
| CIID IF                                    | Rolling Greens Commercial,   | LLC,         |  |                           |  |
| SUBJECT: Name of Limited Liability Company |  |              |  |                           |  |
| Dear Sir                                   | or Madam:  |              |  |                           |  |
| The encl                                   | losed Statement of Authority and fee(s) are                                    | submitted    | for filing.  |                           |  |
| Please re                                  | eturn all correspondence concerning this ma                                    | itter to the | following:   |                           |  |
| Richa                                      | rd S. Webb, IV, Esq.   |              |  |                           |  |
|  | Name of Person   |              |  |                           |  |
| lcard,                                     | Merrill, Cullis, Timm, Furen & Gir   | nsburg,      | P.A.   |                           |  |
|  | Firm/Company   |              |  |                           |  |
| 2033                                       | Main Street, Suite 600   |              |  |                           |  |
|  | Address  |              |  |                           |  |
| Saras                                      | ota, FL 34237  |              |  |                           |  |
|  | City/State and Zip Code  | <del></del>  | _  |                           |  |
| rwebb                                      | o@icardmerrill.com   |              |  |                           |  |
|  | E-mail address: (to be used for future annu                                    | ual report   | notification   | )                         |  |
| For furt                                   | her information concerning this matter, plea                                   | ise call:    |  |                           |  |
| Richa                                      | ard S. Webb, IV  | 94<br>at (   | 41 ,   | 366-8100                  |  |
|  | Name of Person   | —            | rea Code   | Daytime Telephone Number  |  |
|  | STREET/COURIER ADDRESS:  |              | MAILING ADDRESS: Registration Section Division of Corporations |                           |  |
|  | Registration Section Division of Corporations                                  |              |  |                           |  |
|  | Clifton Building<br>2661 Executive Center Circle<br>Tallahassee, Florida 32301 |              | P.O. Box<br>Tallahass  | 6327<br>ee, Florida 32314 |  |

## STATEMENT OF AUTHORITY

| authority:  | 05.0302(1), Florida Statutes, this limited liability con  |   |
|---|---|---|
| FIRST: The name of  | of the limited liability company is: Rolling Green  | s Commercial, LLC,                                  |
| SECOND: The Flor  | ida Document Number of the limited liability compa  | ny is:_L08000002427                                 |
| THIRD: The street   | address of the limited liability company's principal of Ben and Catherine Ivy Foundation                    | ffice is:   |
| 6710 N.   | Scottsdale Road, Suite 235  | E T   |
| Scottsda  | ile, Arizona 85253  | 624   |
| The mailing address of the limited liability company's principal office is:  c/o The Ben and Catherine Ivy Foundation |   | TALLAND SEE, FLORID                                 |
| 6710 N.   | Scottsdale Road, Suite 235  | ORBIT 5   |
| Scottsda  | ile, Arizona 85253  | D.  |
| l. May example 1.   | secute an instrument transferring real property held in   | the name of the company.                            |
| b.  | No authority granted to:  |   |
| <b>a</b> .  | onter into other transactions on behalf of, or otherwise  Granted to:  Catherine E. Ivy  and Lanny W. Tyler | act for or bind, the company.                       |
| Signature of authori  | No authority granted to:  Zed representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (or              | Catherine E. Ivy Typed or printed name of signature |

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