

1080000 20838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parkview of Okeechobee, 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:

John D. Cassels, Jr.

Name of Person

The Law Office of Cassels & McCall

Firm/Company

Post Office Box 968

Address

Okeechobee, Florida 34973

City/State and Zip Code

pam.broome@gmail.com

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

For further information concerning this matter, please call:

Pamela Broome

Name of Person

at (407)

Area Code

383-2495

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: Parkview of Okeechobee, LLC

SECOND: The Florida Document Number of the limited liability company is: L08000020838

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

2028 SW 21ST ST

OKEECHOBEE, FL 34974

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

2486 Paddock Way

Oviedo, FL 32765

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.

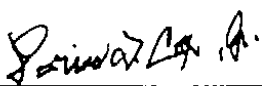
a. Granted to: Pamela Broome

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: Pamela Broome

b. No authority granted to: _____


Signature of authorized representative

Louis T. Cox, Jr.
Typed or printed name of signature

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