Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800) 432-3622

Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOUNDERS RIDGE DEVELOPMENT II, LLC

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited Hability company submits the following states authority:	iement of
FIRST: The name of the limited liability company is:	·
Founders Ridge Development II, LLC	.
SECOND: The Florids Document Number of the limited liability company is: L08000023738	
THIRD: The street address of the limited liability company's principal office is: 17130 Dallas Parkway, Suite 240, Dallas, Texas 75248	
	 م
The mailing address of the limited liability company's principal office is:	ه بند سه ند ند
17130 Dallas Parkway, Suite 240, Dallas, Texas 75248	
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the statement of authority grants or sets limitations of authority on all persons having the statement of a person on the following: 1. May execute an instrument transferring real property held in the name of the company.	alus or specific
s. Granted to:	
b. No authority granted to: Russell Mills or	
JUSA Management, LLC	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.	
a. Granied to:	
b. No authority granted to: Russell Mills or	
JUSA Management, LLC	
Martina Crevecoeur	
Signature of antiborized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	LLITE

CR2E138 (2/14)