# 10800050706

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/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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Office Use Only



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SECRETARY OF STAT

D. BRUCE JUN 0 9 2017

### COVER LETTER

| Division of Corporations   |              |  |      |
|--|--------------|--|------|
| Kahama VI LLC  |              |  |      |
| Name of Limited Liability Com  | pany         |  |      |
| 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 | :            |  |      |
| Aaron Thalwitzer   |              |  |      |
| Name of Person   |              |  |      |
| Widerman Malek, PL   |              |  |      |
| Firm/Company   |              | •  |      |
| 1990 W. New Haven Avenue, Suite 201                                      |              |  |      |
| Address  |              |  |      |
| Melbourne, FL 32904  |              | - \$\frac{1}{2}\cdots \frac{1}{2}                            |      |
| City/State and Zip Code  |              | #17 .<br>LLA   | **** |
| roger@sequoiafinancialsolutions.com                                      |              | JUN -<br>RETA<br>AHAS  |      |
| E-mail address: (to be used for future annual report notification        | 1)           | 33.55<br>5.55<br>5.55<br>5.55<br>5.55<br>5.55<br>5.55<br>5.5 |      |
| For further information concerning this matter, please call:             |              |  |      |
| Aaron Thalwitzer 321   | 255-2332     | 5: 1:<br>TATE<br>ORID  |      |
| Name of Person Area Code   | Daytime Tele | phone Number   |      |

# ${\bf STREET/COURIER\ ADDRESS:}$

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

CR2E138 (2/14)

TO:

Registration Section

## STATEMENT OF AUTHORITY

| authority:                                   | n 605,0302(1), Florida Statutes, this limited liability company submits the following statement of             |
|--|--|
| FIRST: The name                              | e of the limited liability company is: Kahama VI, LLC  |
| SECOND: The Flo                              | lorida Document Number of the limited liability company is: L08000056706                                       |
|  | et address of the limited liability company's principal office is:  othelho Drive                              |
| Suite 30                                     |  |
| Walnut                                       | Creek, CA 94596  |
|  | iling address of the limited liability company's principal office is: otelho Drive                             |
| Suite 30                                     | 00   |
| Walnut                                       | Creek, CA 94596  |
| position of a person<br>person on the follow | execute an instrument transferring real property held in the name of the company of the Roger Hoss             |
|  | LORIDA<br>LORIDA<br>LORIDA   |
| ь.   |  |
| 2. May c                                     | enter into other transactions on behalf of, or otherwise act for or bind, the company.  Granted to:            |
| ь.   | No authority granted to:   |
| /_/J/M                                       | Mark S Carter  |
| Signature of authori                         | rized representative Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) |

CR2E138 (2/14)