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COVER LETTER

Registration Section TO: **Division of Corporations** MOOSE HOLDINGS OF BREVARD, LLC SUBJECT: 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: Gary R. Cunningham, II Name of Person MOOSE HOLDINGS OF BREVARD, LLC Firm/Company 4320 Woodland Park Drive Address West Melbourne, Florida 32904 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gary R. Cunningham, II Daytime Telephone Number Name of Person

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: T	RST: The name of the limited liability company is: MOOSE HOLDINGS OF BREVARD, LLC				
SECOND	: The Florida Document Number of the limited liability company is: L08000063245				
THIRD:	The street address of the limited liability company's principal office is: 4320 Woodland Park Drive, West Melbourne, Florida 32904				
	The mailing address of the limited liability company's principal office is: 1320 Woodland Park Drive, West Melbourne, Florida 32904				
position of	t: This statement of authority grants or sets limitations of authority on all persons having a person in a company, whether as a member, transferee, manager, officer or otherwise of the following: May execute an instrument transferring real property held in the name of the company a. Granted to: Gary R. Cunningham, II	or to specific			
	b. No authority granted to:	410: 53			
2.	May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to:	ny.			
	b. No authority granted to:				
/	Gary R. Cunningham	<u> </u>			
Signature d	If authorized representative Typed or printed name of Filing Fee: \$25.00	signature			

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)