108000072563

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | idress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Business Entity Warrie) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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AUG 0 8 2017 J SHIVERS

GODBOLD, DOWNING, BILL & RENTZ

A PROFESSIONAL ASSOCIATION ATTORNEYS AT LAW

TELEPHONE (407) 647-4418

222 WEST COMSTOCK AVENUE SUITE IOI WINTER PARK, FLORIDA 32789 FACSIMILE (407) 647-2089

August 4, 2017

VIA FEDERAL EXPRESS

Florida Department of State Division of Corporation Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Nautiques of Orlando, LLC - Statement of Authority

Dear Sir or Madam:

Please find enclosed an original Statement of Authority along with our firm check in the amount of \$30.00 for the cost of recording the Statement of Authority and a <u>certified copy</u> of same. Also enclosed is a stamped, pre-addressed envelope for your convenience in forwarding the certified copy to my office.

Should you have any questions or require anything further, please do not hesitate to contact me.

Very truly yours.

Michael 8. Kraynick

MSK/mrw enclosures

| Div | ision of Corporations | | |
|---------------|--|------------------------|--------------------------|
| SUBJECT: | NAUTIQUES OF ORLANDO, | LLC | |
| SUBJECT. | Name of Lin | nited Liability Compa | ny |
| Dear Sir or M | Aadam: | | |
| The enclosed | Statement of Authority and fee(s) are s | abmitted for filing. | |
| Please return | all correspondence concerning this mate | er to the following: | |
| MARCUS | HOOKER | | |
| | Name of Person | | |
| NAUTIQ | JES OF ORLANDO, LLC | | 1 |
| | Firm/Company | | |
| 2226 PA | SEO AVENUE | | |
| | Address | | |
| ORLAND | O, FL 32805 | | |
| | City/State and Zip Code | | |
| _ | Jeff @ orlandonautic | jues.com | |
| E-1 | nail address: (to be used for future annua | l report notification) | |
| For further i | nformation concerning this matter, pleas | e call: | |
| | Jeff Husby | _at (407) | 425-2628 |
| | Name of Person | Area Code | 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

TO:

Registration Section

STATEMENT OF AUTHORITY

1

| Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submauthority: | | |
|--|-------------------------------|--|
| FIRST: The name of the limited liability company is: NAUTIQUES OF ORLANDO, LLC | | |
| SECOND: The Florida Document Number of the limited liability company is: | 3000072563 | |
| THIRD: The street address of the limited liability company's principal office is: 2226 PASEO AVENUE | | |
| ORLANDO, FL 32805 | - | |
| The mailing address of the limited liability company's principal office is: 2226 PASEO AVENUE | | |
| ORLANDO, FL 32805 | | |
| FOURTH: This statement of authority grants or sets limitations of authority on all position of a person in a company, whether as a member, transferee, manager, officer person on the following: 1. May execute an instrument transferring real property held in the name of a Granted to: N/A | or otherwise or to a specific | |
| b. No authority granted to: N/A | of the company. | |
| May enter into other transactions on behalf of, or otherwise act for or h a. Granted to: | and, the company. | |
| b. No authority granted to: N/A | | |
| | s Hooker Manager | |

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)