

LO8000098490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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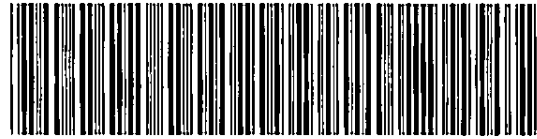
(Business Entity Name)

(Document Number)

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ATTORNEY AT LAW
P. O. BOX 770496
425 S. DILLARD STREET
WINTER GARDEN, FLORIDA 34777-0496

(407) 656-5521

FAX (407) 656-0305

October 3, 2017

U.S. MAIL
Department Of State
Division Of Corporation
Attention: Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

re: Tiger Town Investments, LLC

Dear Reader:

Enclosed with this letter is a check in the amount of **\$30.00** which represents the filing fee and certified copy fee of the ***Statement Of Authority*** for ***Tiger Town Investments, LLC***.

Please return the certified copy of the filed ***Statement Of Authority*** to me in the enclosed self-addressed stamped envelope.

Thank you for your courtesies in this matter.

Sincerely,



Kathy Ann Dickey
Legal Assistant to
Blair M. Johnson, Esquire

kad
Enclosures

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: TIGER TOWN INVESTMENTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L08000098490

THIRD: The street address of the limited liability company's principal office is: 540 North SR 434, Suite 6002, Altamonte Springs, FL 32714

The mailing address of the limited liability company's principal office is: 2220 Laurel Blossom Circle, Ocoee, FL 34761

FOURTH: This statement of authority grants or sets limitation of authority on all person having the status of position of a person in a company, whether 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 CORBIN
 - 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 CORBIN
 - b. No authority granted to: _____

Pamela Corbin
Signature of authorized representative

PAMELA CORBIN
typed or printed name of signature

Troy Corbin
Signature of authorized representative

TROY CORBIN
typed or printed name of signature