109000061281

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COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	Summetro - Villa City II, LLC		
SUBJECT.		ted Liability Comp	pany
Dear Sir or	Madam:		
The enclose	d Statement of Authority and fee(s) are su	bmitted for filing.	
Please return	n all correspondence concerning this matte	er to the following:	
Holly L. (Collins		
-	Name of Person		
Nelson M	Aullins Broad and Cassel		
	Firm/Company		
390 N. O	range Avenue, Suite 1400		
	Address	.=	
Orlando,	Florida 32801		
	City/State and Zip Code	••	
holly.coll	ins@nelsonmullins.com		
E-1	mail address: (to be used for future annual	report notification)
For further i	nformation concerning this matter, please	call:	
Holly L. (Collins	407	839-4200
	Name of Person	Area Code	Daytime Telephone Number
Reg Div Clit 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle lahassee, Florida 32301	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

STATEMENT OF AUTHORITY

authority		g statemen	t of	
FIRST:	The name of the limited liability company is: Summetro - Villa City II, LLC			
SECON	D: The Florida Document Number of the limited liability company is: L09000061281			
	: The street address of the limited liability company's principal office is: 390 N. Orange Avenue, Suite 1400			
	Orlando, Florida 32801			
	The mailing address of the limited liability company's principal office is: 390 N. Orange Avenue, Suite 1400			
	Orlando, Florida 32801			
position	 H: This statement of authority grants or sets limitations of authority on all persons having the of a person in a company, whether as a member, transferee, manager, officer or otherwise or in the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: Holly L. Collins 			
	b. No authority granted to:	TALLATASS	2019 SEP 1 C	ار اساد المحدد المحدد
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company a. Granted to: C. David Brown, 11	SSEE FL	AM 10: 23	1 11 mm
	b. No authority granted to:			
Signatur	Holly L. Collins e of authorized representative Holly L. Collins Typed or printed name of si	gnature		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)			