

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	11 mills
	1 Junills
	Office Use Only



09.12/24--010144--8.1 (**1981.6

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	Summetro – Villa City II, LLC ECT:		
	Name of Lir	nited Liability Cor	mpany
Dear S	iir or Madam:		
The er	iclosed Statement of Authority and fee(s) are s	submitted for filing	ļ.
Please	return all correspondence concerning this ma	tter to the followin	g:
Holly	L. Collins		
	Name of Person	•	_
Nelso	n Mullins Riley & Scarborough		
	Firm/Company		
390 N	Orange Ave Ste 1400		
	Address		_
Orlan	do. FL 32801		
	City/State and Zip Code		_
holly.	collins@nelsonmullins.com		
	E-mail address: (to be used for future annu	al report notification	on)
For fu	rther information concerning this matter, pleas	se call:	
Holly	L. Collins	407 at (669-4200
	Name of Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF AUTHORITY

authority	v:		mited liability company submits the followir	ig statement of
FIRST:	The name o	f the limited liability company is:	Summetro – Villa City II, LLC	
SECON	D: The Flor	rida Document Number of the limite	ed liability company is:L09000061281	
THIRD		address of the limited liability compage Ave. Suite 1400	pany's principal office is:	
	Orlando, FI	. 32801		2
				2021 87
		ng address of the limited liability co nge Ave. Suite 1400	ompany's principal office is:	: 3
	Orlando, FI	. 32801		E. 10: 20
	on the followi	ing: ecute an instrument transferring rea	r, transferee, manager, officer or otherwise o al property held in the name of the company.	·
	b.	No authority granted to:		
Ц	2. May er a. b.	Granted to: C. David Brown, II Holly L. Collins	If of, or otherwise act for or bind, the comparation of the comparatio	ny.
Signatur	e of authoriz	red representative Filing Fee:	Typed or printed name of	signature

Certified Copy: \$30.00 (optional)