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COVER LETTER

TO:		gistration Section vision of Corporations
SUBJE	CT:	27 Properties, LLC
		Name of Limited Liability Company
Dear Si	r or N	Madam:
he end	closed	d Statement of Authority and fee(s) are submitted for filing.
lease r	eturn	all correspondence concerning this matter to the following:
Holly I	Col	llins
<u> </u>		Name of Person
Nelson	Mull	lins Riley & Scarborough
	-	Firm/Company
90 N (Orang	ge Ave Ste 1400
		Address
Orlando	o. FL	32801
_		City/State and Zip Code
olly.ec	ollins(@nelsonmullins.com
-	E-m	nail address: (to be used for future annual report notification)
or furth	ner in:	formation concerning this matter, please call:
Iolly L	. Coll	lins 407 669-4200
		Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to authority:	ction 605.0302(1), Florida Statutes, this limited liability company submits the following st	tatement of
FIRST: Th	name of the limited liability company is: 27 Properties, LLC	
SECOND:	he Florida Document Number of the limited liability company is: L09000061312	
THIRD: T	street address of the limited liability company's principal office is: N Orange Ave, Suite 1400	
<u>Or</u>	ndo. F1. 32801	
	e mailing address of the limited liability company's principal office is: N Orange Ave, Suite 1400	- 1
Or	ndo, FL 32801	- 1 - 2 - 3
	his statement of authority grants or sets limitations of authority on all persons having the serson in a company, whether as a member, transferee, manager, officer or otherwise or to following: 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:	
2.	May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: Holly L. Collins	
	b. No authority granted to:	
Signature of	Holly L. Collins Typed or printed name of sign	nature
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	