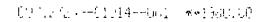
## L09000061787

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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09/12/24 01014 001 1,980.00



## **COVER LETTER**

Div	ision of Corporations		
SUBJECT:	Marina Landing, LLC		
ODJECI.	Name of Limit	ed Liability Com	pany
Dear Sir or N	Madam:		
The enclosed	I Statement of Authority and fee(s) are sub	mitted for filing.	_
lease return	all correspondence concerning this matter	to the following	•
Holly L. Co	Hins		
	Name of Person		
Nelson Mul	lins Riley & Scarborough		
	Firm/Company	. <u> </u>	
390 N Oran	ge Ave Ste 1400		
<del> · · · · · · · · · · · · · · · · · ·</del>	Address		
Orlando, FL	. 32801		
	City/State and Zip Code		
holly.collins	@nelsonmullins.com		
E-r	nail address: (to be used for future annual	report notification	1)
or further in	nformation concerning this matter, please	call:	
Holly L. Co	llins	407 at (	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

1000

TO:

Registration Section

## STATEMENT OF AUTHORITY

authority:				I liability company submits the f	o		
FIRST: The	name of	the limited liabilit	y company is: Marii	na Landing, LLC			
SECOND: 1	The Flori	da Document Num	ber of the limited lia	bility company is. L090000	)61787		
		ddress of the limite ge Ave, Suite 1400	• • •	's principal office is:			
Orla	ando, FL	32801					
Tt	ne mailin	g address of the lin	nited liability compa	ny's principal office is:	2024 SEP		
390	390 N Orange Ave, Suite 1400						
Orl:	ando, FL	32801					
	person ir followir	n a company, whething:	ner as a member, tran	ions of authority on all persons hasferee, manager, officer or other	naving the status or rwise or to a specific		
	b.		red to:				
2.	May en a.	ter into other transa Granted to : C. D Holly L. Collins		or otherwise act for or bind, the	company.		
	b.	No authority grant	ted to:				
Holl	4 (	ollins		Holly L. Collins			
Signature of	authorize	ed representative	Filing Fee: Certified Copy	Typed or printed no \$25.00 : \$30.00 (optional)	nme of signature		

Contraction of the Contraction o