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2019 SEP 10 AM 8: 23

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COVER LETTER

TO: Registration Section Division of Corporations		
Floribra-Bradshaw, LLC SUBJECT:		
	.imited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	:
Holly L. Collins		
Name of Person		
Nelson Mullins Broad and Cassel		
Firm/Company		
390 N. Orange Avenue, Suite 1400		
Address		
Orlando, Florida 32801		
City/State and Zip Code		
holly.collins@nelsonmullins.com		
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter, ple	ease call:	
Holly L. Collins	407 at ()	839-4200
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division (P.O. Box	G ADDRESS: on Section of Corporations 6327 ee. Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority:		wing state	ment of	•
FIRST:	The name of the limited liability company is: Floribra-Bradshaw, LLC			_
SECONE	D: The Florida Document Number of the limited liability company is: L0900006179	93		_
	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 o person on	I: This statement of authority grants or sets limitations of authority on all persons having a person in a company, whether as a member, transferee, manager, officer or otherwise the following: May execute an instrument transferring real property held in the name of the company. C. David Brown. II	e or to a sp	pecific 2	
	a. Granted to: C. David Brown, II Holly L. Collins	TALLÄI	2019 SEP 10	(3) }
	b. No authority granted to:	SEUL AHASSEE TALLAHASSEE	10 AM 8	. H
2	2. May enter into other transactions on behalf of, or otherwise act for or bind, the coma. a. Granted to: Holly L. Collins	pany. , .	: 23	
	b. No authority granted to:	_		
4	Olly Collins Holly L. Collins	_		
Signature	of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	of signatur	re	