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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Floribra – Villa City IA, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Holly L. Collins

Name of Person

Nelson Mullins Riley & Scarborough

Firm/Company

390 N Orange Ave Ste 1400

Address

Orlando, FL 32801

City/State and Zip Code

holly.collins@nelsonmullins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Holly L. Collins

407

669-4200

at (_____) _____

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 section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Floribra – Villa City IA, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000061806

THIRD: The street address of the limited liability company's principal office is:

390 N Orange Ave, Suite 1400

Orlando, FL 32801

The mailing address of the limited liability company's principal office is:

390 N Orange Ave, Suite 1400

Orlando, FL 32801

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: C. David Brown, II
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: C. David Brown, II
Holly L. Collins

b. No authority granted to: _____

Holly Collins
Signature of authorized representative

Holly L. Collins
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

2024 SEP 12 10:45

FILED