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COVER LETTER

	Division of Corporations		
SUBJECT:	Floribra-Windmill 27 II, LLC		
SOBJEC		nited Liability Com	pany
Dear Sir	or Madam:		
The enclo	osed Statement of Authority and fee(s) are s	submitted for filing.	
Please re	turn all correspondence concerning this ma	tter to the following	
Holly L	Collins		
	Name of Person	•	
Nelsor	Mullins Broad and Cassel		
	Firm/Company		
390 N.	Orange Avenue, Suite 1400		
	Address	<u> </u>	
Orland	o, Florida 32801		
	City/State and Zip Code		
holly.c	ollins@nelsonmullins.com		
	E-mail address: (to be used for future annua	al report notification)
For furth	er information concerning this matter, pleas	e call:	
Holly L	Collins	407	839-4200
,,	Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



STATEMENT OF AUTHORITY

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

FIRST: The nar	ne name of the limited liability company is: Floribra-Windmill 27 II, LLC				
SECOND: The	'60				
	reet address of the limited liability company's principal office is: N. Orange Avenue, Suite 1400	_			
Orlan	do, Florida 32801	_			
	nailing address of the limited liability company's principal office is: J. Orange Avenue, Suite 1400	_			
Orlan	do, Florida 32801	_			
position of a pers person on the fol	y execute an instrument transferring real property held in the name of the compa a. Granted to: C. David Brown, II	se or to a spe			
	b. No authority granted to:	- SS:	AM 10: 06	;	
2. Ma	ay enter into other transactions on behalf of, or otherwise act for or bind, the con a. Granted to: Holly L. Collins b. No authority granted to:	— 1pany. —			
Holl Signature of auth	y Collins Holly L. Collins	of signature	_		

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)