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| (Requestor's Name) | | | |
|---|------------------------|--|--|
| (Address) | | | |
| (Äddress) | | | |
| (City/St | ate/Zɪp/Phone #) | | |
| PICK-UP | WAIT MAIL | | |
| (Busine | ess Entity Name) | | |
| (Document Number) | | | |
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COVER LETTER

| Division of Co | rporations | | |
|---------------------------------------|-------------------------------------|------------------|--------------------------|
| Floribra – SUBJECT: | Windmill 27 II, LLC | | |
| | Name of Limited | Liability Comp | any |
| Dear Sir or Madam: | | | |
| The enclosed Statement | of Authority and fee(s) are submi | tted for filing. | |
| Please return all corresp | ondence 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/S | tate and Zip Code | | |
| holly.collins@nelsonmu | llins.com | | |
| E-mail address | : (to be used for future annual rep | ort notification |) |
| For further information of | concerning this matter, please call | : | |
| Holly L. Collins | at i | 407 | 69 -4200 |
| Name | of Person | Area Code | Daytime Telephone Number |
| Mailing Add | Iress: | ç | Street Address: |
| Registration | | | Registration Section |
| Division of (| | | Division of Corporations |

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

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

TO:

Registration Section

STATEMENT OF AUTHORITY

| FIRST: The name of the limited liability company is: Floribra - Windmill 27 II, LLC Floribra - | | | | |
|--|--|---|--|--|
| SECOND: The Florida Document Number of the limited liability company is: | | | | |
| | The street address of the limited liability comparage N Orange Ave, Suite 1400 | ny's principal office is: | | |
| - | Orlando, FL 32801 | 3 | | |
| - | The mailing address of the limited liability com 390 N Orange Ave, Suite 1400 | | | |
| - | Orlando, FL 32801 | | | |
| | a. Granted to: Holly L. Collins | property held in the name of the company. | | |
| | b. No authority granted to: | | | |
| 2 | 2. May enter into other transactions on behalf of a. Granted to: Holly L. Collins | of, or otherwise act for or bind, the company. | | |
| | b. No authority granted to: | | | |
| Hol | Lly Collins | Holly L. Collins | | |
| Signature | of puthorized representative Filing Fee: | Typed or printed name of signature \$25.00 py: \$30.00 (optional) | | |