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COVER LETTER

Floribra-Villa City IC, 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 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 annual report notification) For further information concerning this matter, please call: Holly L. Collins Name of Person Area Code Daytime Telephone Numb		gistration Section vision of Corporations					
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at ()	For further in	nformation concerning this matter, pleas	se call:				
	Holly L. C	Collins		839-4200			
		Name of Person		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 authority:	ig statement	ıof
FIRST: The name of the limited liability company is: Floribra-Villa City IC, LLC		
SECOND: The Florida Document Number of the limited liability company is: L09000062785	; 	<u> </u>
THIRD: 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		
FOURTH: This statement of authority grants or sets limitations of authority on all persons having to position of a person in a company, whether as a member, transferee, manager, officer or otherwise of 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, I	SPECTALLAHASSES, F	SOTO SED IO AM S.
b. No authority granted to:	r. €	ప
2. May enter into other transactions on behalf of, or otherwise act for or bind, the compara. Granted to: Holly L. Collins C. David Brown, II	ny.	
b. No authority granted to:		
Holly Collins Holly L. Collins		
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature	