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## COVER LETTER

TO: Registration Section Division of Corporations			
Summetro - Villa	a City V, LLC		
SUBJECT:	Name of Limited	Liability Com	pany
Dear Sir or Madam:			
The enclosed Statement of Authorit	y and fee(s) are submi	tted for filing.	
Please return all correspondence co	ncerning this matter to	the following	:
Holly L. Collins			
Name of P	erson		
Nelson Mullins Broad and	Cassel		
Firm/Com	pany		
390 N. Orange Avenue, Su	uite 1400		
Address			
Orlando, Florida 32801			
City/State and Zip	n Code		
holly.collins@nelsonmullin	s.com		
E-mail address: (to be used	d for future annual repo	ort notification	n)
For further information concerning	this matter, please call	:	
Holly L. Collins	at I	407	839-4200
Name of Person	a. (	Area Code	Daytime Telephone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir		Registrati Division - P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

Pursuant to se authority:	section 605.0302(1), Florida Statutes, this limited liability company subm	its the following statement of			
FIRST: The	e name of the limited liability company is: Summetro - Villa City	/, LLC			
SECOND: 1	SECOND: The Florida Document Number of the limited liability company is:L09000062804				
THIRD: The	ne street address of the limited liability company's principal office is:  0 N. Orange Avenue, Suite 1400				
Orl	lando, Florida 32801				
	he mailing address of the limited liability company's principal office is:  0 N. Orange Avenue, Suite 1400				
Orl	lando, Florida 32801				
position of a person on the	This statement of authority grants or sets limitations of authority on all p person in a company, whether as a member, transferee, manager, officer following:  May execute an instrument transferring real property held in the name of a. Granted to:  Holly L. Collins	or otherwise or to a specific			
	C. David Brown, 11	2019			
	b. No authority granted to:	2019 SEP 10 AM			
2.	May enter into other transactions on behalf of, or otherwise act for or bit a. Granted to:  C. David Brown, II	ind, the company.			
	b. No authority granted to:				
Signature of a	Holly L. Co authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	ollins inted name of signature			