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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	Summetro – Villa City V. LLC		
001,013		nited Liability Con	npany
Dear Sir	r or Madam:		
The enc	losed Statement of Authority and fee(s) are s	ubmitted for filing	.
Please r	eturn all correspondence concerning this mat	ter to the following	ñ.
Flolly L	Collins		
	Name of Person	<u> </u>	
Nelson	Mullins Riley & Scarborough		
	Firm/Company	· •	_
390 N (Orange Ave Ste 1400		
	Address		_
Orlando	o, FL 32801		
	City/State and Zip Code		_
holly.co	ollins@nelsonmullins.com		
	E-mail address: (to be used for future annua	Il report notification	on)
For furt	her information concerning this matter, pleas	e call:	
Holly L	Collins	407 at (669-4200
	Name of Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 6 authority:	05.0302(1). Florida Statutes, this limite	d liability company submits the following	ig statement of			
FIRST: The name of	RST: The name of the limited liability company is: Summetro – Villa City V, LLC					
SECOND: The Flor	ida Document Number of the limited li	ability company is:				
	address of the limited liability company ge Ave, Suite 1400	y's principal office is:				
Orlando, Fl	. 32801					
	ng address of the limited liability compage Ave. Suite 1400	any's principal office is:				
Orlando, Fl	. 32801		,)			
position of a person i person on the follow	n a company, whether as a member, traing:	tions of authority on all persons having to insferee, manager, officer or otherwise of operty held in the name of the company.	r to a specific			
	Holly L. Collins	<u> </u>				
b.	No authority granted to:					
2. May et a .	nter into other transactions on behalf of Granted to: Holly L. Collins	or otherwise act for or bind, the compar	ny.			
b.	No authority granted to:					
Holly	Collins	Holly L. Collins				
Signarlire of authoriz	ed representative Piling Fee: Certified Cop	Typed or printed name of s \$25.00 y: \$30.00 (optional)	signature			