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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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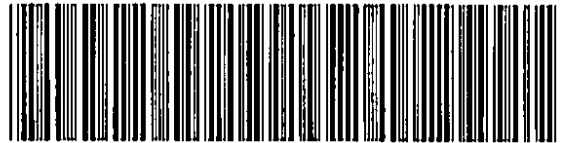
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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SEP 22 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BHC FLORIDA INVESTMENTS, L.L.C**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

**WILLIAM M. FRENCH, HARRY B. FRENCH JR., CLAYTON G.
FRENCH, AND DR. PAMELA P. FRENCH**

Name of Manager

BHC FLORIDA INVESTMENTS, L.L.C

Name of Company

30 Eagleville Rd

Address of Company

Eagleville, PA 19403

City/State and Zip Code

E-mail Address of Manager

For further information concerning this matter, please call:

Anne Whitmarsh at

STREET/COURIER ADDRESS:

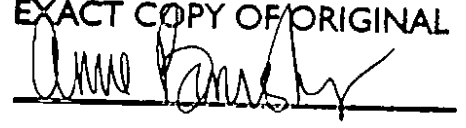
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

This instrument Prepared By and Return To:
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM
John L. Wideikis, Esq.
3195 S. Access Road
Englewood, FL 34224

**CERTIFIED TO BE A TRUE &
EXACT COPY OF ORIGINAL**



STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 15 day of July, 2020, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: **BHC FLORIDA INVESTMENTS, L.L.C**

SECOND: The Florida Document Number of the limited liability company is: **L10000032272**

THIRD: The street address of the limited liability company's principal office is: **30 Eagleville Rd, Eagleville, PA 19403**

The mailing address of the limited liability company's principal office is: **30 Eagleville Rd, Eagleville, PA 19403**

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
 - a. Granted to: **WILLIAM M. FRENCH**, as Manager, **HARRY B. FRENCH, JR.**, as Manager, **CLAYTON G. FRENCH**, as Manager, and **DR. PAMELA P. FRENCH**, as Manager, **any of whom may sign and bind the company without the joinder of any other.**
 - b. No authority granted to:
2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.
 - a. Granted to: **WILLIAM M. FRENCH**, as Manager, **HARRY B. FRENCH, JR.**, as Manager, **CLAYTON G. FRENCH**, as Manager, and **DR. PAMELA P. FRENCH**, as Manager, **any of whom may sign and bind the company without the joinder of any other.**
 - b. No authority granted to:

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2020 JUL 17 PM 4:13
CLERK OF DISTRICT COURT
JUL 17 2020
CLERK OF DISTRICT COURT

The undersigned does hereby certify the accuracy of the statements set forth herein.

William M French

Signature of authorized representative

WILLIAM M. FRENCH, as Manager

Printed name and position title

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CLERK OF STATE
TALLAHASSEE, FL

STATE OF

Florida

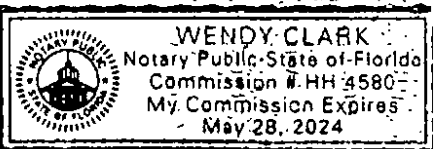
COUNTY OF

Charlotte

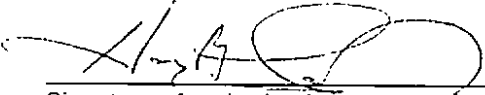
The foregoing instrument was acknowledged before me by means of ✓ physical presence or online notarization, this 10th day of July, 2020 by WILLIAM M. FRENCH as Manager of BHC FLORIDA INVESTMENTS, L.L.C, a Florida limited liability company, who is/are personally known to me or who has/have produced FL/DL as identification and who did take an oath.

Wendy Clark
Notary Public, State of Florida

My Commission Expires:
(Seal)



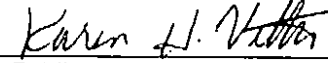
The undersigned does hereby certify the accuracy of the statements set forth herein.


Signature of authorized representative

HARRY B. FRENCH JR., as Manager
Printed name and position title

STATE OF NEW JERSEY
COUNTY OF CAPE MAY

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 15 day of JULY, 2020 by HARRY B. FRENCH JR., as Manager of BHC FLORIDA INVESTMENTS, L.L.C, a Florida limited liability company, who is/are personally known to me or who has/have produced KNOWN as identification and who did take an oath.


Notary Public, State of
My Commission Expires:
(Seal)

KAREN H. VETTER
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 3/8/2024

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2020 JUL 17 PM 3:45

The undersigned does hereby certify the accuracy of the statements set forth herein.

Clayton French
Signature of authorized representative

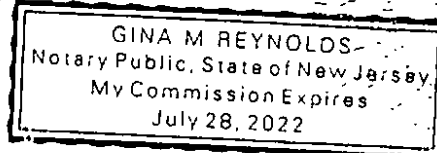
CLAYTON G. FRENCH, as Manager
Printed name and position title

STATE OF NJ

COUNTY OF Capri May

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this 13 day of July, 2020 by CLAYTON G. FRENCH, as Manager of BHC FLORIDA INVESTMENTS, L.L.C, a Florida limited liability company, who is/are personally known to me or who has/have produced DX as identification and who did take an oath.

Gina Reynolds
Notary Public, State of NJ
My Commission Expires:
(Seal)



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2020 JUL 17 PM 3:43
CLERK OF STATE
TREASURY, FL

The undersigned does hereby certify the accuracy of the statements set forth herein.

Pamela P. French
Signature of authorized representative

DR. PAMELA P. FRENCH, as Manager
Printed name and position title

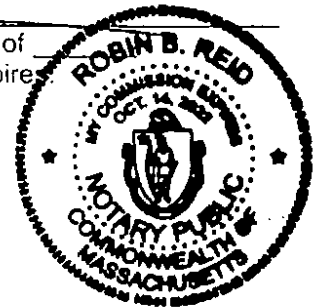
STATE OF Massachusetts

COUNTY OF Dorchester

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this 9th day of July, 2020 by DR. PAMELA P. FRENCH, as Manager of BHC FLORIDA INVESTMENTS, L.L.C, a Florida limited liability company, who is/are personally known to me or who has/have produced personal as identification and who did take an oath.

Knowledge

[Signature]
Notary Public, State of
My Commission Expires
(Seal)



FILED
2020 JUL 17 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FL