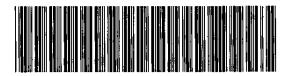
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 1 R 700

COVER LETTER

Po: Registration Section Division of Corporations		
Radiology Real Estate Devel	opment 3, LLC	
	mited Liability Comp	any
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Brent Baris		
Name of Person		
Brent E. Baris, P.A.		
Firm/Company		
P.O. Box 223		
Address	·	
High Springs, FL 32655		
City/State and Zip Code		
brent@barislaw.co	3177	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter, plea	se call:	
Brent Baris	386	454 0688
Name of Person	Area Code	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

authority				
FIRST:	The name of the limited liability company is: Radiology Real Estate Developmen			
SECONI	D: The Florida Document Number of the limited liability company is: L10000071444			
THIRD:	The street address of the limited liability company's principal office is: 6121 St. Johns Avenue			
	Palatka, FL 32177			
	The mailing address of the limited liability company's principal office is: 1034 NW 57th Street			
	Gainesville, FL 32605			
position	H: This statement of authority grants or sets limitations of authority on all persons having the of a person in a company, whether as a member, transferce, manager, officer or otherwise or to a the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: Willie F. Williams	s a specific		
	b. No authority granted to:	SECR TALLA	15 JA	**
	May enter into other transactions on behalf of, or otherwise act for or bind, the company, a. Granted to: Williams	RY OF S	JAN-7 PH I	C. C
٠	b. No authority granted to:	IATE ORIDA	: 00	
Willi Signatur	Willie F. Williams e of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	mature		
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