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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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| | | | | Corp Record Search | <u>. </u> | | |
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| Signature | | | | Fictitious Owner Search | | | |
| 6 | | | | Vehicle Search | _ | | |
| | | | | Driving Record | | | |
| Requested by: BA | 2/1/10 | | | UCC 1 or 3 File | | | |
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| Walk-In | Will Pick Up | | | Courier | | | |



STATEMENT OF AUTHORITY

OF

MEADOWS MOTEL & R.V. PARK, LLC

Pursuant to Section 605.0302, Florida Statutes, this limited liability company submits the following Statement Of Authority:

FIRST: The name of the limited liability company is:

MEADOWS MOTEL & R.V. PARK, LLC

SECOND: The street address and mailing address of the limited liability company's principal office is:

5048 Kingsley Road North Port, FL 34287

THIRD: This Statement Of Authority grants or sets forth limitations of authority on all persons having the status or position of a person in the Company, whether as a member, transferee, manager, officer or otherwise as follows:

- 1. May execute an instrument transferring real property held in the name of the Company:
 - a. Granted to: James W. Pribe or Jamie D. Reinbolt
 - b. No authority granted to: N/A
- 2. May enter into other transactions on behalf of, or otherwise act for or bind, the Company:
 - a. Granted to: James W. Pribe or Jamie D. Reinbolt

b. No authority granted to:

James W. Pribe, Manager