

L10000117988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

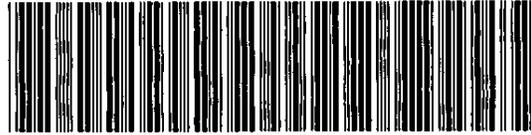
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEC 17 2015

S. YOUNG

# SUNSHINE CORPORATE FILING of FLORIDA, INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(850) 656-4724

COVER LETTER

DATE: 12-16-15

WALK IN

ENTITY

NAME: Distressed Capital III, LLC

(NAME AVAILABLE?  )

CORRECT FORM  )

PLEASE FILE THE ATTACHED AND RETURN:

PLAIN COPY  
 CERTIFIED COPY

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CHECK # 2155  
AMOUNT: 5500

PLEASE CONTACT TINA AT 850-508-1891 WITH ANY  
QUESTIONS OR CORRECTIONS!

THANK YOU!

TINA GOFF, PRESIDENT

SUNSHINE CORPORATE & FILING SERVICES, INC.

**STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: Distressed Capital III, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L10000117988

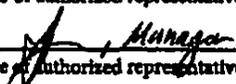
**THIRD:** The street address of the limited liability company's principal office is:  
8911 DANIELS PARKWAY  
STE. 6  
FORT MYERS, FL 33912

The mailing address of the limited liability company's principal office is:  
8911 DANIELS PARKWAY  
STE. 6  
FORT MYERS, FL 33912

**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:

1. May execute an instrument transferring real property held in the name of the company.
  - a. Granted to: Douglas Hannah, President and CEO  
John M. Morgan, Vice President
  - b. No authority granted to: \_\_\_\_\_
  
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
  - a. Granted to: \_\_\_\_\_
  - b. No authority granted to: \_\_\_\_\_

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Distressed Capital III, LLC  
  
Signature of authorized representative  
  
Signature of authorized representative

Douglas Hannah, its Manager  
John M. Morgan, its Manager  
Typed or printed name of signature

CR2E138 (2/14)

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)