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| (Re                                     | equestor's Name)      |             |  |  |
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| (Cr                                     | ty/State/Zip/Phon     | e#)         |  |  |
| PICK-UP                                 | ☐ WAIT                | MAIL        |  |  |
| (Bu                                     | isiness Entity Nar    | ne)         |  |  |
| (Do                                     | ocument Number)       | = .         |  |  |
| Certified Copies                        | _ Certificate:        | s of Status |  |  |
| Special Instructions to Filing Officer: |                       |             |  |  |
| Ó                                       | 7013                  | ·           |  |  |
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## **COVER LETTER**

|                       | gistration Section<br>vision of Corporations   |   |                          |
|-----------------------|--|---|--------------------------|
| SUBJECT:              | Beachside Place, LLC   |   |                          |
| SUBJECT               |  | ited Liability Comp   | pany                     |
| Dear Sir or           | Madam:   |   |                          |
| The enclose           | ed Statement of Authority and fee(s) are su  | bmitted for filing.   |                          |
| Please retur          | n all correspondence concerning this matt  | er to the following:  |                          |
| J. Russe              | ell Collins  |   |                          |
|                       | Name of Person   |   |                          |
| Rusty La              | aw, LLC  |   |                          |
|                       | Firm/Company   |   |                          |
| 2493 US               | Highway 1 South  |   |                          |
|                       | Address  |   |                          |
| Saint Au              | gustine, Florida 32086-6077  |   |                          |
|                       | City/State and Zip Code  |   |                          |
|                       | mail address: (to be used for future annua   | •   | )                        |
| For further           | information concerning this matter, please   | call:   |                          |
| Rusty Co              | ollins   | 904<br>_ at ()  | 829-6600                 |
|                       | Name of Person   | Area Code   | Daytime Telephone Number |
| Re<br>Di<br>Cli<br>26 | REET/COURIER ADDRESS: gistration Section vision of Corporations ifton Building 61 Executive Center Circle Ilahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |                          |

## STATEMENT OF AUTHORITY

| Pursuant<br>authority |                                | 05.0302(1), Florida Statutes, this limited liability company submits the following statement of   |            |     |
|-----------------------|--------------------------------|---|------------|-----|
| FIRST:                | The name o                     | f the limited liability company is: Beachside Place, LLC  |            |     |
| SECON                 | D: The Flor                    | ida Document Number of the limited liability company is: L11000001020   |            |     |
|                       |                                | address of the limited liability company's principal office is:   | 2          |     |
|                       | Saint Au                       | gustine, Florida 32080  | 114 APR 21 | 77  |
|                       | The mailir                     | gustine, Florida 32080  A SET OF  | 21 PH 12:  | LED |
|                       | Saint Aug                      | gustine, Florida 32080  | 58         |     |
| position              | of a person i<br>n the followi | ement of authority grants or sets limitations of authority on all persons having the status or na company, whether as a member, transferee, manager, officer or otherwise or to a specific ng:  ecute an instrument transferring real property held in the name of the company.  Granted to: Said N. Zori |            |     |
|                       | b.                             | No authority granted to: Syed W. Ali, who is no longer a member of the Company, effective April 9, 2014   |            |     |
|                       | 2. May er                      | Granted to:  Said N. Zori   |            |     |
|                       | b.                             | No authority granted to: Syed W. Ali, who is no longer a member of the Company, effective April 9, 2014   |            |     |
|                       | 5                              | Said N. Zori  |            |     |
| Signatur              | e of authoriz                  | Typed or printed name of signature  Filing Fee: \$25.00  Certified Copy: \$39.00 (optional)   |            |     |

CR2E138 (2/14)