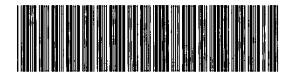
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K.SALY EXAMINER APR 14

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	MONTE VISTA GROVES, LL	С	
SUBJE		nited Liability Comp	pany
Dear Sir	or Madam:		
The enc	losed Statement of Authority and fee(s) are s	ubmitted for filing.	
Please re	eturn all correspondence concerning this mat	ter to the following:	
DENN	IIS L. HORTON		
	Name of Person		
MON	TE VISTA GROVES, LLC		
	Firm/Company		
900 W	EST HWY 50	•	
	Address		
CLER	MONT, FLORIDA 34711		
	City/State and Zip Code		
DENN	IISHORTON@AOL.COM		
	E-mail address: (to be used for future annua	al report notification)
For furth	ner information concerning this matter, please	e call:	
DENN	IIS L. HORTON	352	394-4008
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority	y :		nited liability company submits the	•
FIRST:	The name of th	he limited liability company is: S	SUNBURST GROVES, LLC	
SECON	D: The Florida	a Document Number of the limited	d liability company is:_L1100001	4623
THIRD:	: The street add 900 WEST		any's principal office is:	78.6
	CLERMON	IT, FLORIDA 34711		2016 APR 13
	The mailing address of the limited liability company's principal office is: SAME AS ABOVE			- STERRITORIES
position of	of a person in a n the following: 1. May execut	company, whether as a member, t	itations of authority on all persons have transferee, manager, officer or other property held in the name of the co-	rwise or to a specific
	b. No	o authority granted to:		
		into other transactions on behalf of the contraction of the contractio	of, or otherwise act for or bind, the	company.
	b. No	o authority granted to:		
	$\sim 1/$	4	DENNIS L. HOF	ETONI

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)