

L12000062888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

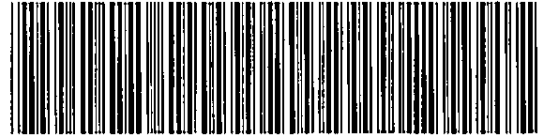
(Business Entity Name)

(Document Number)

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

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O. SIMMONS

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Naples, Florida 34103  
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Writer's Email:  
[apescetto@cyklawfirm.com](mailto:apescetto@cyklawfirm.com)

November 20, 2017

**VIA U.S. MAIL**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Statement of Authority for Quail West Holdings, LLC, a Florida limited liability  
Company – Document # L12000062888

Gentlemen:

Enclosed for filing please find a *Statement of Authority* for the above-referenced limited liability company. Also enclosed is our client's check payable to the Department of State in the amount of \$55.00 in payment of the filing fee, in addition to the fee for a certified copy of the filed statement.

Please return the certified copy to my attention in the enclosed prepaid FedEx envelope.

Please contact me with any questions or comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Amy Pescetto".

Amy Pescetto

Enclosures

STATEMENT OF AUTHORITY

Persuant 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: QUAIL WEST HOLDINGS, LLC.

A FLORIDA LIMITED LIABILITY COMPANY

SECOND: The Florida Document Number of the limited liability company is: L12000062888

THIRD: The street address of the limited liability company's principal office is:

2639 PROFESSIONAL CIRCLE

SUITE 101

NAPLES, FLORIDA 34119

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

2639 PROFESSIONAL CIRCLE

SUITE 101

NAPLES, FLORIDA 34119

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.

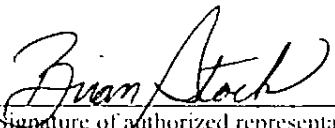
a. Granted to: JOHN FERRY

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: JOHN FERRY

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

BRIAN K. STOCK

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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CLERK