L12000066453

Florida Department of State
Division of Corporations
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RISK ASSURANCE PARTNERS, LLC

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K. SALY
AUG 17 2018

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STATEMENT OF AUTHORITY

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

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FIRST: The name of the limited liability company is: Risk Assurance Partners, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000066453

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

25 Seabreeze Avenue, Suite 403
Delray Beach, FL 33483

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

25 Seabreeze Avenue, Suite 403
Delray Beach, FL 33483

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of 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 K. Wright
   b. No authority granted to: any other person, including any member, transferee, manager or officer of the company
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
   a. Granted to: Douglas K. Wright
   b. No authority granted to: any other person, including any member, transferee, manager or officer of the company

Signature of authorized representative

Douglas K. Wright
Typed or printed name of signature

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