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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:

FIRST: The name of the limited liability company is: \_\_\_\_\_\_

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

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

12945 SEMINOLE BLVD, BLDG 1, SUITE 15

LARGO, FL 33778

The mailing address of the limited liability company's principal office is: 12945 SEMINOLE BLVD, BLDG 1, SUITE 15

LARGO, FL 33778

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:

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: \_\_\_\_\_

Signature of authorized representative

Sara Jo Lawrence, MGR

Typed or printediname of signature

the of autorized representative

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