Note: Plea		of Corporation. Filing Cover Sh it as a cover she	eet	lit number
(5	hown below) on the top and	i bottom of all pay 000067767 3)))	zes of the document	
		000677573ABCA		
Note: DO	NOT hit the REFRESH/RE Doing so will ger	LOAD button on herate another cov		this page.
To: From:	Division of Corporation Fax Number : (850)6	517-5383		BECRET PART
	Account Name : FELDMA Account Number : J20000 Phone : (941)7 Fax Number : (941)7	758-8888		OF STATE
anr	the email address for thinnual report mailings. Ent ail Address:	is business enti er only one emai MHF@Feldman	l address please.	future **
വ	LC AMND/RESTATE/ PROPERT	CORRECT OF		N
				N

Electronic Filing Menu Co

Corporate Filing Menu

Help

K. SALY FEB 2.8 2019 il

теромам а арварк, аттоннатур ат цам: двен - елти StivEC1 west, 2пареитом. Г. Dнира алков. телерного но-и 759-онни

2019-02-27 21:21:18 (GMT)

19417515556

17515555 From: Me. FILED 19 FEB 27 AM 6: 28 SECTION OF STATE FLORIDA

STATEMENT OF AUTHORITY PROPERTY HEROES LLC

a Florida limited liability company

This Statement of Authority is filed by Property Heroes LLC, a Florida limited liability company ("the Company"), pursuant to §605.0302 of the Florida Statutes. The street and mailing address of the principal office of the Company is 8388 S Tamiami Tr, Ste 35, Sarasota, FL 34238. Its Charter No. is L12000080447.

The Company hereby grants authority to Marc H. Feldman, as Authorized Agent of the Company, to sell, convey, purchase, acquire, mortgage, encumber, lease, close upon, and undertake each, every, and all other transactions with respect to all or any part of and any interest in any and all real property and appurtenances thereto, now or hereafter owned or to be acquired by the Company, including full power and authority to sign and deliver, in the Company's name and behalf as Authorized Agent of the Company, and to accept delivery of, any and all documents (including, without limitation, deeds, mortgages, assignments and satisfactions of mortgages, promissory notes and endorsements thereof, leases and assignments of leases, options, releases, contracts, contract amendments and addenda, other assignments, agreements, affidavits, closing statements, receipts, waivers, notices, and U.S. Internal Revenue Service forms and reports) relating to the transfer, encumbrance, purchase, acquisition, or other transaction of, in, or affecting any such property or any interest therein.

The Authorized Agent named herein shall not be liable for any acts or decisions made in good faith. If the Authorized Agent shall be subject to any claim arising out of anything done or not done pursuant to the authority granted hereby, the Company shall fully indemnify and hold the Authorized Agent harmless from and against the same. This grant of authority shall not make the Authorized Agent a manager or other principal of the Company and shall not subject the Authorized Agent to any liability or responsibility to any persons dealing with the Company or relying upon authority granted hereby.

The Authority granted hereby shall be effective as of the date hereof and shall remain in full force and effect until amended or cancelled as provided by law.

A copy or electronically transmitted version of this document shall have the same effect as the original instrument and may be relied upon by all persons.

In witness whereof, this Statement of Authority is signed and dated on 21 February 2019.

Witness Printed Name: Linda-S. Thurshy

Witness

Alwana L. Boyd Printed Name:

Property Heroes LLC a Florida limited liability company.

David Drewett, Member-Manager

State of Florida, County of Manatee

The foregoing instrument was acknowledged before me on 21 February 2019 by David Drewett, as Member-Manager of Property Heroes LLC, a Florida limited liability company, in behalf of the company, who personally appeared before me and produced ____ Horida driver's license ______ as identification.

()	AT C	l Cn
Notary Public Printed Name:	Linda S. Thurshy	E Ba

Linda S. Thursby mmission = GG145740 xpires: Sept. 25, 2021 nded thre Aaron Notary