Broad and 9/18/2019	Priston of Corporations Electronic Filing Cover Sheet	TqqQ	<i>(</i> 0)
	Note: Please print this page and use it as a cover sheet. Type the (shown below) on the top and bottom of all pages of the do (((H19000280442 3)))	fax audit number cument.	
	Note: DO NOT hit the REFRESH/RELOAD button on your brows Doing so will generate another cover sheet. 10: Division of Corporations Fax Number : (850)617-6383 From: Account Name : NELSON MULLINS RILEY & SCARBOROU Account Number : 12016000081 Phone : (407)839-4277 Fax Number : (407)839-4264 **Enter the email address for this business entity to be us annual report mailings. Enter only one email address	GH LLP	
PUB SEP 19 AN 6: 42	Email Address: LLC AMND/RESTATE/CORRECT OR M/MG H BLUE SKY COMMUNITIES LLC Certificate of Status 0 Certified Copy 0 Page Count 01 Estimated Charge \$25.00	RESIGN	2010 SEP 19 Ph 2.52
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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: Blue Sky Communities LLC

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

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

5300 WEST CYPRESS STREET

SUITE 200

TAMPA, FL 33607

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

5300 WEST CYPRESS STREET

SUITE 200

TAMPA, FL 33607

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:_____

Scott Macdonald

b. No authority granted to: Any person not listed in a. above

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company,

Granted to : _____

Scott Macdonald

b. No authority granted to: Any person not listed in a. above

a.

Signature of authorized representative

Shawn Wilson

Typed or printed name of signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) SEP 19 m 2:54

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