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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
rtified Copies Certificates of Statu	s		
Special Instructions to Filing Officer:			
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Office Use Only



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145 NW Central Park Plaza / Ste 200 / Port St. Lucie, FL 34986 Phone: 772-206-4606 / Fax: 772-301-1875 loricoren@premiertitlepartners.com

August 28, 2020

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Filing on behalf of:

Holiday Global Properties, LLC

8067 N Savannah Circle

Davie, FL 33328

To whom it may concern:

Please find attached Statement of Authority for Holiday Global Properties, LLC, check in amount of \$55 for Filing Fee and Certified Copy. I've also included a self-addressed stamped envelope for the return of the certified copy.

Your assistance with this matter is appreciated.

Thank you,

Lourdes Coren Escrow Closer Assistant 2020 SEP -2 PH 7: 48
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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: Holiday Global Properties, LLC			_
				_
SECON	D: The Florida Document Number of the limited liability company is:			
THIRD:	The street address of the limited liability company's principal office is: 8067 N. Savannah Circle			
	Davie FL 33328			
	The mailing address of the limited liability company's principal office is: 8067 N. Savannah Circle			
	Davie FL 33328			
position	 H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: 	or to a spe		
	a. Granted to:			
	b. No authority granted to: Melissa L. Campbell	SECRED TALLA	2020 SEP	- T
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Sandra J. Payton	HANGER E	-2 PH 7: 48	
	b. No authority granted to: Melissa L. Campbell	, <u>L.</u>	₩	
Son	dra J. Payton Sandra J. Payton			
Signatur	c of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature	2	