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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MASON FAMILY PARTNERSHIP, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

Jane A. Mason
Name of Manager

MASON FAMILY PARTNERSHIP, LLC

Name of Company

132 Pocono Trail West

Address of Company

Nokomis FL 34275

City/State and Zip Code

Janeamason3@gmail.com
E-Mail Address of Manager

For further information concerning this matter, please call:

Jessica Dull at (941) 627-1000

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Form Identification CR2E138 (2/14)

This Instrument Prepared by & Return to:
John L. Wideikis
Berntsson, Ittersagen, Gunderson & Wideikis, LLP
THE BIG W LAW FIRM
18401 Murdock Circle, Suite C
Port Charlotte, FL 33948

16 JUL 27 PH 2:58 SECRETARION OF STATE

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 18-20 day of 2016, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: MASON FAMILY PARTNERSHIP, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000101396

THIRD: The street address of the limited liability company's principal office is: 132 Pocono Trail West, Nokomis, FL 34275

The mailing address of the limited liability company's principal office is: 132 Pocono Trail West, Nokomis, FL 34275

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 matters enumerated below:

- 1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
 - a. Granted to: JANE A. MASON , as Manager.
 - b. No authority granted to:
- 2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of

limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.

a. Granted to: JANE A. MASON , as Manager.

b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein.

Signature of authorized representative Printed name and position title

JANE A. MASON, Manager

The foregoing instrument was sworn to and acknowledged before me this 1820 ____, 2016, by JANE A . MASON, who is personally known to me, or who has provided driver, to establish his or her identity to me.

JOAN E WHITTAKER

MY COMMISSION # FF238621 EXPIRES August 11, 2019

FloridaNotaryService com

Print Name: Joan

Notary Public

My commission expires:

[SEAL]