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COVER LETTER

TO: Registration Section Division of Corporations	
Toscana Development, LLC	
Name of Limited Liability Com	pany
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following	;
R. Kevin Korey, Esq.	
Name of Person	
Robert Kit Korey, PA	
Firm/Company	
595 W. Granada Blvd. Ste. A	
Address	ALL ALL
Ormond Beach, FL 32174	NOV -
City/State and Zip Code	SEE F IM
eric.roelofsen@mbil.se	F STAT
E-mail address: (to be used for future annual report notification	RIDE RIDE
For further information concerning this matter, please call:	٠ - بر
Carleen Jones at (386To
Name of Person Area Code	Daytime Telephone Number

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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits authority:	the following statement of
FIRST: The name of the limited liability company is:	LC
SECOND: The Florida Document Number of the limited liability company is: L1200	0113760
THIRD: The street address of the limited liability company's principal office is: 1301 Harwick Lane	
Ormond Beach, FL 32174	
The mailing address of the limited liability company's principal office is: 1301 Harwick Lane	
Ormond Beach, FL 32174	
FOURTH: This statement of authority grants or sets limitations of authority on all person position of a person in a company, whether as a member, transferee, manager, officer or person on the following: 1. May execute an instrument transferring real property held in the name of the a. Granted to: Ryan D. VanRij, as Manager	otherwise or to a specific
b. No authority granted to:	FILE SECRETARY C ALLIAHASSEE
2. May enter into other transactions on behalf of, or otherwise act for or bind, a. Granted to:	the company ORIDA
b. No authority granted to:	
8 Mr.	
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	d name of signature