

L12000151574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

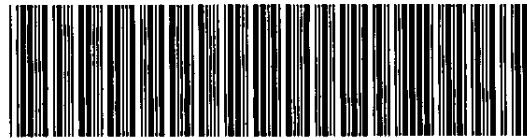
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900265705249

10/23/14--01023--004 \*\*225.00

FILED  
2014 OCT 23 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 27 2014

T CLIN:

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EPI-Stone Oak Apartments, LLC

Name of Limited Liability Company

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:

Gene H. Godbold

Name of Person

Godbold, Downing & Bill, P.A.

Firm/Company

222 W. Comstock Ave., Ste. 101

Address

Winter Park, FL 32789

City/State and Zip Code

joan@epochproperties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gene H. Godbold

Name of Person

at ( 407 )

Area Code

647-4418

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

FILED  
2014 OCT 23 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: EPI-Stone Oak Apartments, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L12000151574

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

359 Carolina Avenue

Suite 200

Winter Park, FL 32789

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

359 Carolina Avenue

Suite 200

Winter Park, FL 32789

FILED  
2014 OCT 23 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

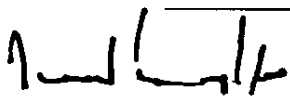
a. Granted to: James H. Pugh, Jr., Greg Jacoby,  
Justin R. Sand and McCarley Davis

b. No authority granted to: \_\_\_\_\_

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

a. Granted to: James H. Pugh, Jr., Greg Jacoby,  
Justin R. Sand and McCarley Davis

b. No authority granted to: \_\_\_\_\_



Signature of authorized representative

James H. Pugh Jr  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)