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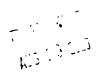
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### **COVER LETTER**

	gistration Section vision of Corporations	•	
	Ormond King Center, LLC		
SUBJECT:		of Limited Liability Comp	pany
Dear Sir or	Madam:		
The enclose	d Statement of Authority and fee(s)	are submitted for filing.	
Please retur	n all correspondence concerning th	is matter to the following:	
pam clifton			
	Name of Person		
Smith Bign	ian Brock, P.A.		
-	Firm/Company		
P. O. Box 1	5200		
	Address		
Daytona Be	each, FL 32115		
	City/State and Zip Code		
ja@micr	oflexinc.com		
E-	mail address: (to be used for future	annual report notification	1)
For further	information concerning this matter,	please call:	
Jeffrey P. E	Brock	386	254-6875
-	Name of Person	Area Code	Daytime Telephone Number

# **Mailing Address:**

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## STATEMENT OF AUTHORITY

authority:	a Statutes, this limited liability company submits the following statement of
FIRST: The name of the limited liability	ty company is: Ormond King Center, LLC
SECOND: The Florida Document Nun	nber of the limited liability company is: 1.12000159111
THIRD: The street address of the limit 1800 North U.S. Highway 1	ed liability company's principal office is:
Ormond Beach, FL 32174	
The mailing address of the lit 1800 North U.S. Highway 1	nited liability company's principal office is:
Ormond Beach, FL 32174	
position of a person in a company, whet person on the following:  1. May execute an instrument	grants or sets limitations of authority on all persons having the status or her as a member, transferee, manager, officer or otherwise or to a specific t transferring real property held in the name of the company.  Atanasoski, Manager
b. No authority gran	ited to:
•	actions on behalf of, or otherwise act for or bind, the company.
b. No authority gran	ited to:
Signature of authorized representative	Josif Atanasoski.  Typed or printed name of signature  Filing Fee: \$25.00