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(Do	cument Number)	
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SEUMBIARY DESTATE
FALLAMASSEE FLORIDA



COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	North Highland Properties, L	.LC	
SODJE		mited Liability Com	pany
Dear Si	r or Madam;		
The enc	losed Statement of Authority and fee(s) are	submitted for filing.	
Please r	eturn all correspondence concerning this ma	atter to the following	:
		٥	
Dama	aris G. Claude		
	Name of Person		
Law (Offices of Damaris G. Claude		
•	Firm/Company		
2441	W. State Rd. 426, Suite 2031		
	Address		
Ovied	lo, FL 32765		
	City/State and Zip Code		
dama	·		
——	ris@myoviedolawyer.com		
	E-mail address: (to be used for future annu	·	1)
For furt	her information concerning this matter, plea	se call:	
Dama	aris G. Claude	321 at (296-3533
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division P.O. Box	GG ADDRESS: ion Section of Corporations 6327 see, Florida 32314

Tallahassee, Florida 32301

, . STATEMENT OF AUTHORITY

authority		ing stateme	ent of	
FIRST:	The name of the limited liability company is: North Highland Properties, LLC			-
SECON	D: The Florida Document Number of the limited liability company is: L13000022872	2		-
THIRD:	: The street address of the limited liability company's principal office is: 1915 KIMBRACE PL			
	WINTER PARK, FL 32792			
	The mailing address of the limited liability company's principal office is: 1915 KIMBRACE PL			
	WINTER PARK, FL 32792			
position of person of	 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 in the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: Cynthia Mcnerney 	or to a spec	or :ific	
	b. No authority granted to:	SEUPETARY OF D ALLAHASSEE, FL	17 OCT 20 AF	רבנ
	May enter into other transactions on behalf of, or otherwise act for or bind, the comparation at the comparation of the co	ORIDA	9 55	
	b. No authority granted to:			
Signature	Betty E. Ryan Typed or printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature	_	

CR2E138 (2/14)