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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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22 AUG 29 PM 4:29  
DIVISION OF REGISTRATION

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AFFINITY BUILDING GROUP 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:

LARRY SCHOOF

Name of Person

AFFINITY BUILDING GROUP LLC

Firm/Company

27 CRESTWOOD CIR S

Address

LEHIGH ACRES, FL 33936

City/State and Zip Code

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

For further information concerning this matter, please call:

LARRY SCHOOF

239

671-1496

at

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

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DIVISION OF CORPORATIONS

# 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: AFFINITY BUILDING GROUP LLC

**SECOND:** The Florida Document Number of the limited liability company is: L13000119205

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

27 CRESTWOOD CIR S

LEHIGH ACRES, FL 33936

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

27 CRESTWOOD CIR S

LEHIGH ACRES, FL 33936

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CLERK OF COURT  
DIVISION OF CONSERVATION

**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.

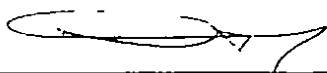
a. Granted to: LARRY SCITTOF AND/OR RACHEAL SCITTOF

b. No authority granted to: JAMES HOLDEN

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

a. Granted to: \_\_\_\_\_

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

  
Signature of authorized representative

LARRY SCITTOF  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)