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COVER LETTER

TO: Registration Section Division of Corporations	
Acquatico, LLC SUBJECT:	
	Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	o the following:
Lisa Van Dien	
Name of Person	
Acquatico, LLC	
Firm/Company	
2210 Vanderbilt Beach Road Suite 1300	
Address	
Naples, Florida, 34109	
City/State and Zip Code	
lisavandien@londonbay.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please ca	11:
Lisa Van Dien	239 449-1599 🔻 🔀
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

STATEMENT OF AUTHORITY

authority:	on 605.0302(1), Florida Statutes, this limited liability company submits th	e following statement of
FIRST: The nam	ne of the limited liability company is: Acquatico, LLC	
SECOND: The F	Florida Document Number of the limited liability company is: L13000	123945
THIRD: The stre	eet address of the limited liability company's principal office is: Vanderbilt Beach Road, Suite 1300	
Naples	s, FL 34109	
	ailing address of the limited liability company's principal office is: Vanderbilt Beach Road, Suite 1300	
Naples	s, FL 34109	
position of a perso person on the foll	statement of authority grants or sets limitations of authority on all person on in a company, whether as a member, transferee, manager, officer or of lowing: y execute an instrument transferring real property held in the name of the a. Granted to: Mark D. Wilson, Stephen G. Wilson,	therwise or to a specific
	Lisa Van Dien	
	b. No authority granted to:	2016 FEB 26 SLENEWAY ALLA-ASSEE
2. Ma	y enter into other transactions on behalf of, or otherwise act for or bind, to a. Granted to: Mark D. Wilson, Stephen G. Wilson, Lisa Van Dien	he company 2
	b. No authority granted to:	
B	Lisa Van Dier	
Signature of authorized	orized representative Typed or printed Filing Fee: \$25.00 Certified Conv. \$30.00 (ontional)	I name of signature