L13000/47533

(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:	(Requestor's Name)		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ac	ldress)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Cir	ty/State/Zip/Phon	e #)
(Document Number) Certified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL
Certified Copies Certificates of Status	(Bu	ısiness Entity Naı	me)
	(Document Number)		
Special Instructions to Filing Officer:	Certified Copies	_ Certificate	s of Status
	Special Instructions to Filing Officer:		
			:

1. 18 2. Ju



600268414316

01/20/15--01039--015 **25.08

15 JAN 20 PH 2: 45

JAN 3 0 2015 T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: VACATION PROPERTY, LLC

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:

Kenneth Bohannon, Esq. Kenneth Bohannon, P.L. 221 North Causeway, Suite A New Smyrna Beach, Florida 32169

Email: kbohannon@cfllawyer.com; Ashley@cfllawyer.com

For further information concerning this matter, please call: Kenneth Bohannon, Esq. at 386-427-5227

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

SHAP THE SHAPE OF Pursuant to section 605.0302(1), Florida Statutes, this limited liability company following statement of authority:

FIRST: The name of the limited liability company is: VACATION PROPERTY LLC

SECOND: The Florida Document Number of the limited liability company is: L13000147533

THIRD: The street address of the limited liability company's principal office is: 2470 Timberview Drive, New Smyrna Beach, FL 3

The mailing address of the limited liability company's principal office is: 2470 Timberview Drive, New Smyrna Beach, FL 3

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:

K P Enterprises, Inc.

- 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:

K P Enterprises, Inc.

b. No authority granted to:

Signature of authorized representative

Anne-Marie Poulin as President of K P Enterprises, Inc.

The Filing Fee of \$25.00 is enclosed

1/15/2015