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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 07 2016
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHD-Celebration Pointe, 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:

Angie Bowen

Name of Person

Salter Feiber, P.A.

Firm/Company

P. O. Box 357399

Address

Gainesville, FL 32635

City/State and Zip Code

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

For further information concerning this matter, please call:

Angie Bowen

352

416-0428

at (_____) _____

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

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: SHD-Celebration Pointe, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000159169

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

2579 SW 87th Drive

Gainesville, FL 32608

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

2579 SW 87th Drive

Gainesville, FL 32608

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 special person on the following:

1. May execute an instrument transferring real property held in the name of the company.

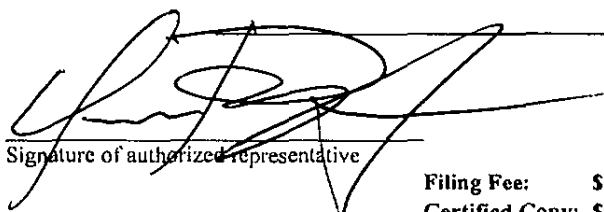
a. Granted to: Svein Dyrkolbotn

b. No authority granted to: N/A

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

a. Granted to: Svein Dyrkolbotn

b. No authority granted to: N/A


Signature of authorized representative

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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