114000042458

Office Use Only



200264141592

09/17/14--01004--016 **25.00

14 SEP 17 AM 10: 42
SECNE JABY OF STATE
ALLAHASSEE FLORIDA

SEP 2 2 2014 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
EMERALD SEASIDE PROPERTIES 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:
S. SCOTT CRITZER
Name of Person
CRITZER LAW FIRM PA
Firm/Company
12889 US HIGHWAY 98 WEST UNIT 110A
Address
MIRAMAR BEACH FL 32550
City/State and Zip Code
SCOTT@CRITZERLAW.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
S. SCOTT CRITZER 850 685-4285
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E138 (2/14)

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: ______EMERALD SEASIDE PROPERTIES LLC SECOND: The Florida Document Number of the limited liability company is: <u>L14000042458</u> THIRD: The street address of the limited liability company's principal office is: 1132 HIGHTOWER TRAIL SUITE C SANDY SPRINGS, GA 30350 The mailing address of the limited liability company's principal office is: 1132 HIGHTOWER TRAIL SUITE C SANDY SPRINGS, GA 30350 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. Granted to: KENNETH J. BASILLE No authority granted to: N/A May enter into other transactions on behalf of, or otherwise act for or bind, the company Granted to : KENNETH J. BASILLE b. No authority granted to:

Signature of authorized representative

KENNETH J. BASILLE, MGR

Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)