L14000107004

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COVER LETTER

Division of Corporations
SUBJECT: Arlenwood Real Estate Holdings, 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:
Ruth K. McDonald Name of Person Hathaway & Reynolds, P. A. Firm/Company
50 AIA North, Suite 108 Address
Ponte Vedra Beach Fr 32082 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

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

TO:

Registration Section

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: <u>GYEEN WOOD</u> Real 95 tate
Holdings, LLC
SECOND: The Florida Document Number of the limited liability company is: <u>L14000107004</u>
THIRD: The street address of the limited liability company's principal office is:
4237 Salisbury Rd North
Suite 212
JUCKSONVIlle FL 32216
The mailing address of the limited liability company's principal office is:
4237 Salisbury Rd North
Suite 212
Jacksonville FL 32216
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: Audrey Hemenway
b. No authority granted to:
2. May enter into other transactions on behalf of, or otherwise act for or bind, the companies a. Granted to: Audrey Hemenway
a. Granted to 17199
b. No authority granted to:
Nail a llanguage
Signature of authorized representative Typed or printed name of signature
Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)