

L14000130949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
CORPORATION DIVISION
2014 AUG 22 AM 10:28
TO ADVANCE
SUFFICIENCY OF FILING

FILED
2014 AUG 22 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16urch AUG 25 2014

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Statement of Auth.

1.

Saguaro Florida 2 LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAGUARO FLORIDA 2 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:

Grant Downing

Name of Person

Godbold, Downing, & Bill, P.A.

Firm/Company

222 W. Comstock Avenue, Suite 101

Address

Winter Park, Florida 32789

City/State and Zip Code

GDowning@gdsblaw.com

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

For further information concerning this matter, please call:

Grant Downing

Name of Person

at (**407**)

Area Code

647-4418

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: SAGUARO FLORIDA 2 LLC

SECOND: The Florida Document Number of the limited liability company is: L14000130949

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

1750 West Broadway, Suite 111

Oviedo, Florida 32765

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

1750 West Broadway, Suite 111

Oviedo, Florida 32765

SECRETARY OF STATE
TREASURER, FLORIDA

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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: Richard Jerman and / or John Kraynick, each in
their respective capacities as company vice presidents

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: Richard Jerman and / or John Kraynick, each
in their respective capacities as company vice presidents

b. No authority granted to: _____

SLV Manager LLC, a Delaware limited liability company
Manager of SAGUARO FLORIDA 2 LLC

By: [Signature]
Signature of authorized representative

ETAN LEBOWITZ
Typed or printed name of signature

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