

C14000 141683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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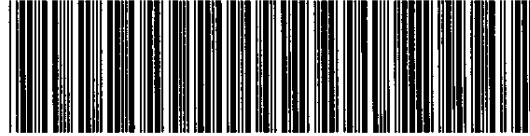
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 18 A 10:24

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JUN 19 2015
J. BRUCE

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: FMKT MEL OWNER, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000141683

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

250 North Orange Ave., Suite 1500

Orlando, FL 32801

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

250 North Orange Ave., Suite 1500

Orlando, FL 32801

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.

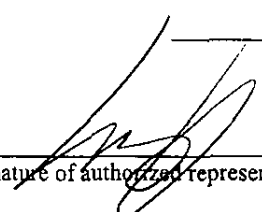
a. Granted to: William D. Bishop, III; Michael F. Beale

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: William D. Bishop, III; Michael F. Beale

b. No authority granted to: _____


Signature of authorized representative

William D. Bishop, III

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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