

L140001 44454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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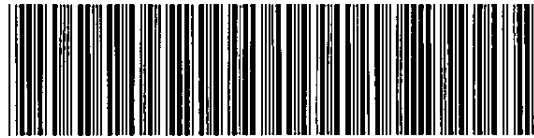
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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August 3, 2015

VIA U.S. MAIL

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

Re: Statement of Authority for SD Emerson, LLC, a Florida limited liability
Company – Document # L14000144454

Gentlemen:

Enclosed for filing please find a *Statement of Authority* for the above-referenced limited liability company. Also enclosed is our firm's check number 26399 payable to the Florida Department of State in the amount of \$25.00 in payment of the filing fee.

Please contact me with any questions or comments.

Sincerely,



Amy Pescetto

Enclosures

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: SD EMERSON, LLC,
A FLORIDA LIMITED LIABILITY COMPANY

SECOND: The Florida Document Number of the limited liability company is: L14000144454

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

2647 PROFESSIONAL CIRCLE

SUITE 1201

NAPLES, FLORIDA 34119

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

2647 PROFESSIONAL CIRCLE

SUITE 1201

NAPLES, FLORIDA 34119

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status 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:

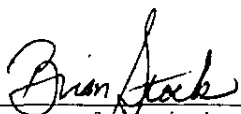
a. Granted to: BRIAN K. STOCK and/or CHAD KOCSES and/or BOB IMIG

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: BRIAN K. STOCK and/or CHAD KOCSES and/or BOB IMIG

b. No authority granted to: _____



Signature of authorized representative

BRIAN K. STOCK

Typed or printed name of signature

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