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COVER LETTER

| Name of Person | at (Area Code |) Daytime Teleph | one Number |
|---|--------------------------|---------------------|--|
| Jill McCrory | 941 | 205-1122 | |
| or further information concerning this matter, pl | ease call: | | |
| E-mail address: (to be used for future an | nual report notification | 1) | (الله الله الله الله الله الله الله الل |
| patriciakharrington@yahoo.com | | | |
| City/State and Zip Code | | | HO HO |
| Punta Gorda, FL 33950 | | | |
| Address | | | |
| 309 Tamiami Trial | | | |
| Firm/Company | | | |
| McCrory Law Firm | | | |
| Name of Person | | | |
| A. Jill C. McCrory | | | |
| Please return all correspondence concerning this | matter to the following | : | |
| The enclosed Statement of Authority and fee(s) a | re submitted for filing. | | |
| Dear Sir or Madam: | | | |
| Name of | Limited Liability Com | pany | |
| Dube & Harrington, LLC | | | <u></u> |
| | | | |

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

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: Dube & Harrington, LLC | | | | |
|---|--|--|--|--|
| | The name of the limited flability company is: | | | |
| SECON | ECOND: The Florida Document Number of the limited liability company is: L14000152558 | | | |
| | 20071 W. Ballantyne Ct. | | | |
| | Gross Point Woods, MI 48236 | مسيد پرياست | | |
| | | | | |
| | The mailing address of the limited liability company's principal office is: 20071 W. Ballantyne Ct. | E -5 | | |
| | Gross Point Woods, MI 48236 | E ORUG FORUG | | |
| position | FH: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise con the following: | the status or or to a specific | | |
| | 1. May execute an instrument transferring real property held in the name of the company | • | | |
| | a. Granted to: Patricia K. Harrington and Richard C. Dube must both execute instruments transferring real property | | | |
| | b. No authority granted to: no other person | | | |
| | 2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Patricia K. Harrington and Richard C. Dube | .ny. | | |
| | either one may enter into transactions, act, or bind | | | |
| | b. No authority granted to: no other person | | | |
| Signatur Signatur | Patricia K. Mar Typed or printed name of Filing Fee: \$25.00 Richard C. Certified Copy: \$30.00 (optional) | signature | | |

CR2E138 (2/14)