Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

**Electronic Filing Cover Sheet** 

(((H14000278025 3)))



H140002780253ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACOUNT

Account Number : I20030000037 Phone : (561)835-8500

Fax Number : (561)650-8530

DEC -2 AH 10: 0

\*\*Enter the email address for this business entity to be used for future address please.\*\*

Email Address: DGART a Shutt S. Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALPINE HOMES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEC - 3 2014

T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

H14000278025 3

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following sauthority:	tatement of	ŗ
FIRST: The name of the limited liability company is: ALPINE HOMES, LLC		_
SECOND: The Florida Document Number of the limited liability company is: L14000176622		_
THIRD: The street address of the limited liability company's principal office is:  500 Maplewood Drive		
Unit 4	50	
Jupiter, FL 33458		OEC
The mailing address of the limited liability company's principal office is: 500 Maplewood Drive	TARY C	-2
Unit 4	. 유 건 :	强.
Jupiter, FL 33458	SIATE	(E)
person on the following:  1. May execute an instrument transferring real property held in the name of the company.  a. Granted to: Michael DeGeorge		
b. No authority granted to:		
May enter into other transactions on behalf of, or otherwise act for or bind, the company.     a. Granted to: Michael DeGeorge		
b. No authority granted to:		
Signature of authorized representative  Filting Fee: \$25.00  Certified Copy: \$30.00 (optional)		
CR2E138 (2/14)		