L15000040515

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TO: Registra

Registration Section Division of Corporations

AMERI MOTORCOACH RESORTS, LLC SUBJECT: 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: **DENNIS L. BLACKBURN** Name of Person BLACKBURN & COMPANY, LC Firm/Company 5150 BELFORT RD. SO. BLDG 500 Address JACKSONVILLE, FL 32256 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 296-7713 DENNIS L. BLACKBURN

STREET/COURIER ADDRESS:

Name of Person

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

Daytime Telephone Number

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: AMERI MOTORCOACH RESORTS, LLC SECOND: The Florida Document Number of the limited liability company is: L15000040515 THIRD: The street address of the limited liability company's principal office is: 10160 CENTURION PARKWAY **SUITE 170** JACKSONVILLE, FL 32256 The mailing address of the limited liability company's principal office is: SAME AS PRINCIPAL OFFICE ADDRESS 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: EWR PROPERTIES, LLC b. No authority granted to: 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to : ____EWR PROPERTIES, LLC b. No authority granted to: DENNIS L. BLACKBURN Signature of authorized representative Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)