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## **COVER LETTER**

	egistration Section ivision of Corporations			
SUBJECT	Our Island Beach House, LL	С		
Name of Limited Liability Company				
Dear Sir or	· Madam:			
The enclos	ed Statement of Authority and fee(s) are	submitted for filing.		
Please retu	rn all correspondence concerning this ma	tter to the following	:	
William !	P. Gregory			
	Name of Person	<del>_</del>		
William	P. Gregory, P.A.			
	Firm/Company			
715 W.	Swann Ave.			
	Address			
Tampa,	FL 33606			
	City/State and Zip Code			
swann7	15@verizon.net			
E-	mail address: (to be used for future annu-	al report notification	)	
For further	information concerning this matter, pleas	se call:		
William F	C. Gregory	813 at ()	251-8631	
	Name of Person	Area Code	Daytime Telephone Number	
Re Di Cli 26	FREET/COURIER ADDRESS: registration Section vision of Corporations ifton Building 61 Executive Center Circle Ilahassee, Florida 32301	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314	

## STATEMENT OF AUTHORITY

authority:	of the limited liability company is:  Our Island Beach House, LLC	mg statement of
SECOND: The Flo	rida Document Number of the limited liability company is: L15000063315	š
THIRD: The street	address of the limited liability company's principal office is:  7. 27th Ave.	
Ocala, F	L 34475	
	ng address of the limited liability company's principal office is:  27th Ave.	
Ocala, F	L 34475	
position of a person i person on the following	tement of authority grants or sets limitations of authority on all persons having in a company, whether as a member, transferee, manager, officer or otherwise ing:  ecute an instrument transferring real property held in the name of the company Granted to:  Douglas P. Cone, Jr.	or to a specific
<b>а.</b>		
<b>b</b> .	No authority granted to: Deborah A. Cone, Douglas P. Cone, III, Charles William Cone and Sara Cone Fitzpatrick	
	other into other transactions on behalf of, or otherwise act for or bind, the comparament of to:    Douglas P. Cone, Jr.	
b.	No authority granted to: Deborah A. Cone, Douglas P.Cone, III,	2 *
Signature of authorize	Chalres William Cone and Sara COne Fitzpatrick  Douglas P. Cone, Jr.  Typed or printed name of Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	