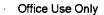
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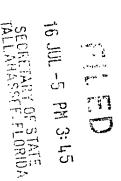
(Re	questor's Name)	
(Ad	dress)	_
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del></del> e #)
PICK-UP	☐ WAIT	MAIL
/D.		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	1
Special instructions to	raing Onicer.	
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J. HARRIS

## **COVER LETTER**

	Division of Corporations ·	,	4
SUBJEC	Sundurance Solar, LLC		
SOBJEC		ed Liability Compa	ny
Dear Sir	or Madam:		
The encl	osed Statement of Authority and fee(s) are sub	mitted for filing.	
Please re	turn all correspondence concerning this matte	r to the following:	
Michae	el Fryzel		
	Name of Person		
Sundu	rance Solar, LLC		
	Firm/Company		
2200 N	IE 36th Avenue, Suite 506		
	Address		
Ocala,	FL 34470		
	City/State and Zip Code		
mike@	sundurance.solar		
	E-mail address: (to be used for future annual	report notification)	
For furth	er information concerning this matter, please	call:	
Michae	el Fryzel	at (802)	917-2848
	Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

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 Tallahassee, Florida 32314

## STATEMENT OF AUTHORITY

Pursuan authority	t to section 605.0302(1), Florida Statutes, this limited liability company submits the following:	ing states	ment o	f
FIRST:	The name of the limited liability company is: Sundurance Solar, LLC			
SECON	D: The Florida Document Number of the limited liability company is: L15000074629	)		<b>-</b>
	: The street address of the limited liability company's principal office is: 2200 NE 36th Avenue, Suite 506			
	Ocala, FL 34470			
	The mailing address of the limited liability company's principal office is:  Same			
position	<ul> <li>'H: 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 on the following:</li> <li>1. May execute an instrument transferring real property held in the name of the company a. Granted to: Michael Fryzel; Carl Boyd</li> </ul>	or to a sp		
	b. No authority granted to: Danielle Stallings	EGRETARY OF STATE LLAHASSEF FLORIG	JUL -5 PM 3: 45	Annual Control of the
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa  a. Granted to: Michael Fryzel; Carl Boyd	35	υ <sub>1</sub>	
	b. No authority granted to: Danielle Stallings			
	Michael Fryzel			
Signatur	Filing Fee: \$25.00  Certified Conv.: \$30.00 (optional)	signatur	c	