

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L15000137328

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 07272000036  
Phone : (407)843-4600  
Fax Number : (786)901-8020  
Attn: Tami D. Passley

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**PORTO ORLANDO LLC**

Certificate of Status	0
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K. Brumbley

### 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: PORTO ORLANDO LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000137328

**THIRD:** The street address of the limited liability company's principal office is:

215 N. Eola Drive

Orlando, Florida 32801

The mailing address of the limited liability company's principal office is:

215 N. Eola Drive

Orlando, Florida 32801

**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.

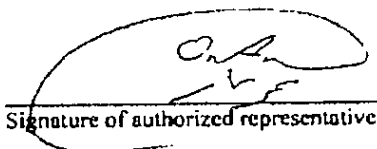
a. Granted to: NOT APPLICABLE

b. No authority granted to: Do any other act under this Statement of Authority except as below.

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Scott C. Thompson as Authorized Signatory to execute a First Amendment to Declaration of Reciprocal Easements, etc. recorded as Instrument No. 20190738437 in Orange County, Florida

b. No authority granted to: Do any other act under this Statement of Authority.

  
Signature of authorized representative

Omar Amer, Manager  
Typed or printed name of signature

Filing Fee: **\$25.00**  
Certified Copy: **\$30.00 (optional)**