

L15000160108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

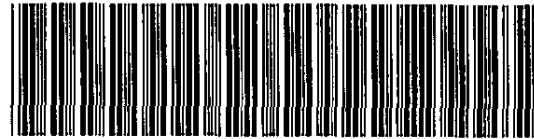
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT
DEC 15 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocala Medical Building Joint Venture, LLC
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:

Glenn R Padgett

Name of Person

Glenn R Padgett PA

Firm/Company

1540 Cornerstone Blvd, Suite 230

Address

Daytona Beach, FL 32117

City/State and Zip Code

gpadgett@grpadgettlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenn R Padgett

Name of Person

at (386)

Area Code

679-3862

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

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TALLAHASSEE, FLORIDA

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: Ocala Medical Building Joint Venture, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000160108

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

2020 SE 17th Street

Ocala, FL 34471

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

2020 SE 17th Street

Ocala, FL 34471

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: Timothy A Brant, M.D.

C. Joseph Bennett, or Norman H. Anderson, M.D.

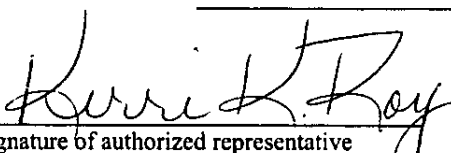
b. No authority granted to: _____

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

a. Granted to: Timothy A Brant, M.D.

C. Joseph Bennett, M.D., or Norman H. Anderson, M.D.

b. No authority granted to: _____


Signature of authorized representative

Kerri K. Roy, Authorized Repre:

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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