

L16000032876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

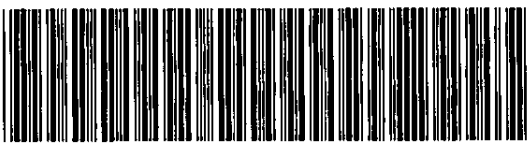
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 JAN 27 A 9 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren
JAN 30 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Evans Groves Marion County, 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:

Karl A. Burgunder

Name of Person

Karl A. Burgunder, Attorney at Law

Firm/Company

1490 Swanson Drive, Ste. 200

Address

Oviedo, FL 32765

City/State and Zip Code

karl@cfbizlaw.com

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

For further information concerning this matter, please call:

Karl A. Burgunder

Name of Person

407

Area Code

366-3555

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

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: EVANS GROVES MARION COUNTY, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000032876

THIRD: The street address of the limited liability company's principal office is:
110 EAST BROADWAY
OVIEDO, FL 32765

The mailing address of the limited liability company's principal office is:
PO BOX 620460
OVIEDO, FL 32762

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.

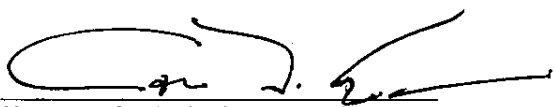
a. Granted to: EVANS GROVES, INC.

b. No authority granted to: ANY OTHER PERSON OR ENTITY

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

a. Granted to: EVANS GROVES, INC.

b. No authority granted to: ANY OTHER PERSON OR ENTITY



Signature of authorized representative

ARTHUR F. EVANS

Typed or printed name of signature

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA