

LL 0000 50146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100283796901

03/31/16--01017--002 \*\*25.00

FILED  
16 MAR 31 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 01 2016

J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOUISIANA PURCHASE OF WINTER PARK, 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:

**CHRISTOPHER C. CATHCART**

\_\_\_\_\_  
Name of Person

**OSSINSKY & CATHCART, P.A.**

\_\_\_\_\_  
Firm/Company

**2699 Lee Road, Suite 101**

\_\_\_\_\_  
Address

**Winter Park, FL 32789**

\_\_\_\_\_  
City/State and Zip Code

**joann@ossinskycathcart.com**

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

For further information concerning this matter, please call:

**Chris Cathcart**

**407**

**629-2484 x 125**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

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: LOUISIANA PURCHASE OF WINTER PARK, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000050146

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

1150 LOUISIANA AVENUE, SUITE 1

Winter Park, FL 32789

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

1150 LOUISIANA AVENUE, SUITE 1

Winter Park, FL 32789

**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.

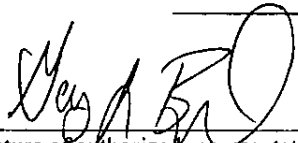
a. Granted to: GARY J. BOYNTON, as Manager

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: GARY J. BOYNTON, as Manager

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

GARY J. BOYNTON

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED  
16 MAR 31 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA