

216 0000 81716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

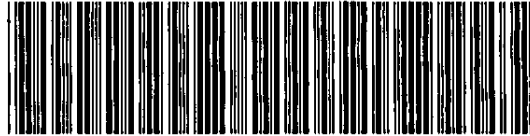
(Business Entity Name)

(Document Number)

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JUL 18 2016

S. YOUNG

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TALLAHASSEE, FLORIDA  
16 JUL 15 PM 1:24

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gray Farm 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:

George P. Langford

Name of Person

Firm/Company

3357 Tamiami Trail North

Address

Naples, FL 34103

City/State and Zip Code

clarkpgray@gmail.com

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

For further information concerning this matter, please call:

Danielle C. Marczak

at (

239

Area Code

262-2011

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

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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: GRAY FARM, LLC

SECOND: The Florida Document Number of the limited liability company is: L 16 0000 81716

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

1110 Forest Lakes Blvd.

Naples, FL 34105

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

1110 Forest Lakes Blvd.

Naples, FL 34105

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: Cynthia Gray

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: Cynthia Gray

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

Cynthia Gray  
Signature of authorized representative

Cynthia Gray, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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