L16 0000 94992

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COVER LETTER

	egistration Section vivision of Corporations					
SUBTECT	New Leaf Real Estate, LLC					
SUBJECT	SUBJECT:Name of Limited Liability Company					
Dear Sir or	r Madam:					
The enclos	sed Statement of Authority and fee(s) are	submitted for filing.				
Please retu	arn all correspondence concerning this ma	atter to the following:				
Lee Ars	enault					
	Name of Person					
New Le	af eal Estate, LLC					
	Firm/Company					
4348 Sc	outhpoint Blvd, Suite 210					
	Address	· -				
Jackson	ville, FL 32216					
	City/State and Zip Code					
larsenau	ult@newleafci.com					
E-	-mail address: (to be used for future annu	al report notification)			
For further	information concerning this matter, pleas	se call:				
Lee Arse	enault	904	773-3442			
	Name of Person	Area Code	Daytime Telephone Number			
Re Di Cl	FREET/COURIER ADDRESS: egistration Section vision of Corporations ifton Building 61 Executive Center Circle	Registration Division on P.O. Box (f Corporations			

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement authority: FIRST: The name of the limited liability company is: New Leaf Real Estate, LLC SECOND: The Florida Document Number of the limited liability company is: L16000094992				
Jacksonville, FL 32216				
The mailing address of the limited liability company's 4348 Southpoint Blvd, Suite 210	principal office is:			
Jacksonville, FL 32216				
position of a person in a company, whether as a member, transfer person on the following: 1. May execute an instrument transferring real propert a. Granted to: Rose S. Bock				
b. No authority granted to:	SECRE.			
May enter into other transactions on behalf of, or of a. Granted to:	therwise act for or bind, the company.			
b. No authority granted to:				
La arsenoult	Lee Arsenault			
Signature of authorized representative Filing Fee: \$2 Certified Copy: \$3	Typed or printed name of signature 5.00 0.00 (optional)			

CR2E138 (2/14)