110	000	115	151
			NT
			· •

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
(Business Er	itity Name)
(Document N	lumber)
Certified Copies Cer	tificates of Status <u> </u>
Special Instructions to Filing Offi	cer:
Office	Use Only



09/07/16--01020--005 **50.00

TALLAHASSEE. FLORIDA 2016 SEP - T P 12: 14 AVASSER - STRUM FILED 2016 SEP -6 PM 12: 59

SEP U . 2013) ERUCE OSSINSKY & CATHCART.

PROFESSIONAL ASSOCIATION ATTORNEYS AT LAW

CHRISTOPHER C. CATHCART chris@ossinskycathcart.com

MARC P. OSSINSKY marc@ossinskycathcart.com

HEIDI HEBDEN heidi@ossinskycathcart.com

2699 LEE ROAD, SUITE 101 WINTER PARK, FLORIDA 32789

TELEPHONE (407) 629-2484 FACSIMILE (407) 629-4429 www.ossinskycathcart.com

KELLIE E. TOMEO - Of Counsel kellie@ossinskycathcart.com

August 31, 2016

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

> Re: VISION DEVELOPMENT & MANAGEMENT, LLC Purchase of 1731 Orange Ave., Orlando, FL File No.: 3247.025

To Whom It May Concern:

Enclosed please find the Cover Letter and Statement of Authority?for OFL Retail Development LLC and the Cover Letter and the Cover Letter and Statement of Authority-for Hollenbeck Drive, LLC, together with our check in the amount of \$50.00. PleaseUeturn receipt to the undersigned in the enclosed self-addressed, stamped envelope. R 3

If I can provide you with any additional information, or should you have any questions concerning the foregoing, then please do not hesitate to contact me.

Very truly yours,

Jun Siden

Joann Duncan, Office Manager For the Firm

D:::

JD/lc

COVER LETTER

TO: Registration Section Division of Corporations

CFL RETAIL DEVELOPMENT LLC SUBJECT:

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:

Joann Duncan 321 397-2973

Name of Person

Area Code

Daytime Telephone Number

17

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

CR2E138 (2/14)

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: ______CFL RETAIL DEVELOPMENT LLC

SECOND: The Florida Document Number of the limited liability company is: <u>L16000115154</u>

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

3662 AVALON PARK E. BLVD.

SUITE 201

4

11

ORLANDO, FL 32828

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

3662 AVALON PARK E. BLVD.

SUITE 201

ORLANDO, FL 32828

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:

			in the name of the co	
a. Granted to:	NK SILVERMA	N, as Ma	inager	1 1 1 1 1 1 1 1 1 1
				SEP
			· · · · · · · · · · · · · · · · · · ·	<u>2</u> 632
h No outbouity one	4 a d 4 a 4			1
b. No authority grant	ted to:			
2. May enter into other transa	actions on behalf of	or otherwis	e act for or hind the	is
				company.
a. Granted to :	ANK SILVERM	IAN, as M	lanager	
b. No authority grant				
b. No authority grant	ted to:			
		\$25.00	Frank Silverman	