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COVER LETTER

TO:

Registration Section Division of Corporations

North Park Isle Development, LLC		
Name o	of Limited Liability Comp	oany
fadam:		
Statement of Authority and fee(s)	are submitted for filing.	
all correspondence concerning thi	s matter to the following:	
Hills		
Name of Person		
k Isle Development, LLC		
Firm/Company		
menia Ave.; Suite 201		
Address		
L 33609		
City/State and Zip Code		
senhowerpropertygroup.co	l om I	
ail address: (to be used for future	annual report notification)
formation concerning this matter,	 please call: 	
Hills	813	363-4888
Name of Person	Area Code	Daytime Telephone Number
REET/COURIER ADDRESS: istration Section sion of Corporations on Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Name of Authority and fee(s) all correspondence concerning this Hills Name of Person K Isle Development, LLC Firm/Company menia Ave.; Suite 201 Address L 33609 City/State and Zip Code senhowerpropertygroup.com ail address: (to be used for future formation concerning this matter, Hills Name of Person EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle	Name of Limited Liability Completed and Statement of Authority and fee(s) are submitted for filing. All correspondence concerning this matter to the following: Hills Name of Person K Isle Development, LLC Firm/Company menia Ave.; Suite 201 Address L 33609 City/State and Zip Code senhowerpropertygroup.com ail address: (to be used for future annual report notification formation concerning this matter, please call: Hills Name of Person Area Code EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle Final Limited Liability Compared submitted for filing. Area submitted for filing. All Linited Liability Compared submitted for filing. Area Submitted for filing. All Linited Liability Compared submitted for filing. Address L 33609 City/State and Zip Code Senhowerpropertygroup.com and address: Area Code MAILIN Registration Section Stration Section Stration Section Area Code LEET/COURIER ADDRESS: All Linited Liability Compared submitted for filing. And Code MAILIN Registration Section Division of Corporations On Building P.O. Box Tallahass

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority	y:	-	ement o	1
FIRST:	The name of the limited liability company is: North Park Isle D	evelopment, LLC		
SECON	ND: The Florida Document Number of the limited liability company is	L16000159596		_
	t: The street address of the limited liability company's principal office 111 S. Armenia Ave.; Suite 201			
	Tampa, FL 33609			
	The mailing address of the limited liability company's principal offi	ice is:		
	Tampa, FL 33609			
position	TH: This statement of authority grants or sets limitations of authority of of a person in a company, whether as a member, transferce, manager, on the following: 1. May execute an instrument transferring real property held in the part of the property held in the part of	officer or otherwise or to a	specific	
	a. Granted to: NICHOLAS J. DISTER	Lahass Tahass	9 HAY 17 PM	7
	b. No authority granted to:		P# 2: 8	7
	2. May enter into other transactions on behalf of, or otherwise act f a. Granted to: NICHOLAS J. DISTER	or or bind, the company.	&	
	b. No authority granted to:			
	_ 	ry S. Hills		
Signatur	re of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (option:	ed or printed name of signat	ure	

CR2E138 (2/14)