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D. SCOTT JUL 2 5 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CPP II, LLC Name of Limited L	ishility Company
Name of Elimied E	lability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	ne following:
Ken Fulmer	
Name of Person	
CPP II, LLC	
Firm/Company	
2281 Lee Road, Suite 204	
Address	
Winter Park, FL 32789	
City/State and Zip Code	
NecoDowney@cfl.rr.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please call:	
at (407 645-1965
Name of Person	Area Code Daytime Telephone Number 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section Division of Corporations
Division of Corporations Clitton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

authority:		PP II. LLC		
TRST: The name	e of the limited liability company is: CP			
ECOND: The F	lorida Document Number of the limited I	liability compar	ny is: L16000174	4131
	et address of the limited liability compan ee Road, Suite 204	y's principal of	ffice is:	
Winter	Park, FL 32789	_		<u> </u>
	iling address of the limited liability comp ee Road, Suite 204	pany's principa	I office is:	
Winter	Park, FL 32789			
position of a perso person on the follo 1. May	statement of authority grants or sets limits on in a company, whether as a member, trowing: execute an instrument transferring real p a. Granted to: behalf of Pietkiewicz Family	ransferee, mana property held in tanley T. Pi	ager, officer or other the name of the cor	rwise or to a specific
	b. No authority granted to:			_
2. Ma	y enter into other transactions on behalf of a. Granted to: behalf of Pietkiewicz Family	Stanley T. F	act for or bind, the Pietkiewicz on	company. 4 10 13 17 18 17 18 17 18 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18
	b. No authority granted to:			
Ja,	Hel	ŀ	Ken Fulmer	_
Signature of auth	orized representative Filing Fee:	\$25.00 py: \$30.00 (or	Typed or printed na	ame of signature