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To:

IRS

Date:

2/27/2017

Fax #:

(850) 245-6030

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From:

Laura C. Bisignano

Subject: Statement of Authority - copy of issued check, as requested.



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STA1	EMENT OF AUTHORITY	
urscant to section 605.0302(1), Florida Statu	ics, this limited liability company su	statement of
otionty:		
TRST: The name of the limited liability com	pay is: NETTON FRONT IN	
POON THE PROJECT PRODUCT AND A SECOND		600011111111111111111111111111111111111
ECOND: The Florida Document Number of		
RIRD: The street address of the limited high 1248 BEACHSIDE LANE	mity company's printing office is	
INDIALANTIC, FL 32903		
	193	
The mailing address of the limited li	ability company's principle office is	
274 E. EAU GALLIE BLVD.		
SUITE 362	6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3
INDIAN HARBOOUR BEAC	H, FL 32937	
NURTH: This statement of authority grants sition of a person in a company, whether as a	Viviatio	
May execute an instrument transfer a Granted to:	ming cost property held in the same of	of the company
b. No authority granted to:	Jeffrey Cluby	
	ou bekalf of jury planwise act for or b	
2. May enter into other transactions	on resent on ton price was a state of 0	Int. the contrary.
a. Granted to:		
b. No anthority granted to:	Jeffrey Cluie	
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MC	ALLAJAHES	M EUBANA
mature of authorized representative	(Lyped or p	inted mme of signature
	ng Pee: \$25.00 (pilonal)	
Ctz		1 1
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