

L16000191321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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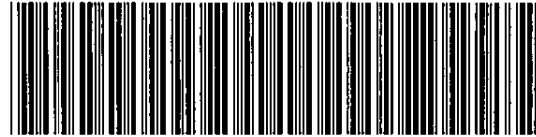
(Business Entity Name)

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# STRAUGHN & TURNER, P.A.

ATTORNEYS AND COUNSELORS AT LAW

**RICHARD E. STRAUGHN**  
**MARK G. TURNER**  
**\*DOUGLAS A. LOCKWOOD, III**  
**MARIE STRAUGHN PRISCO**  
**ALEXANDER M. LANDBACK**

**\*BOARD CERTIFIED IN BUSINESS LITIGATION**  
**BOARD CERTIFIED IN CIVIL TRIAL LAW**  
**CERTIFIED CIRCUIT MEDIATOR**

**JACK STRAUGHN**  
**(1925-2000)**

October 20, 2016

Florida Department of State  
Division of Corporations  
Registration Section  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: KENSINGTON VIEW HOLDINGS, LLC/  
Statement of Authority  
Document No.: L16000191321  
Our File No.: 13052/0001

Dear Sir:

Please find enclosed herewith for filing the following originals, incident to the above Florida limited liability company:

1. Cover Letter; and
2. Statement of Authority, executed by all of the Managers of the company.

Further enclosed is our firm's check made payable to the Florida Department of State, in the total amount of \$25.00 which represents the filing fee. Please forward your acknowledgment of these filings to my attention in the enclosed stamped envelope.

Thank you. Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

STRAUGHN & TURNER, P.A.

**MARK G. TURNER**

MARK G. TURNER  
(stamped in my absence to avoid delay)

MGT/djb  
Enclosures

kensington.llc\letter\lndep1-01-stmtauthority

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KENSINGTON VIEW HOLDINGS, LLC  
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:

**Mark G. Turner, Esquire**

Name of Person

**Straughn & Turner, P.A.**

Firm/Company

**P.O. Box 2295**

Address

**Winter Haven, Flroida 33823**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Mark G. Turner** at ( **863** ) **293-1184**  
Name of Person Area Code Daytime Telephone Number

**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

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**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: KENSINGTON VIEW HOLDINGS, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000191321

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

2812 Whispering Trails Drive

Winter Haven, Florida 33884

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

P.O. Box 2339

Eagle Lake, Florida 33839

**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:

1. May execute an instrument transferring real property held in the name of the company.

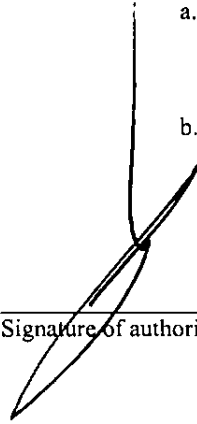
a. Granted to: JOSEPH M. ESPOSITO or JILL M. ESPOSITO

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: JOSEPH M. ESPOSITO or JILL M. ESPOSITO

b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

JOSEPH M. ESPOSITO,

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SEE ATTACHED PAGE

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**Statement of Authority**  
(continued)



JILL M. ESPOSITO

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