

L16000217297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

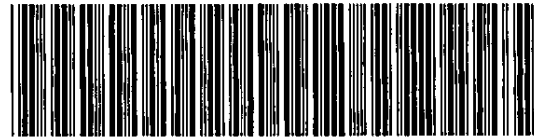
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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DEC 15 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLARION LAKE, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAW OFFICES OF WILLIAM G. MORRIS, P.A.
ATTENTION: WILLIAM G. MORRIS, P.A.

247 North Collier Blvd., Suite 202,
Marco Island, Florida 34145

WGM@WGMORRISLAW.COM
E-Mail Address: (for future annual report notice)

For further information concerning this matter, please call:

WILLIAM G. MORRIS, P.A.
Name of Person

(239)642-6020
Telephone No.

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



WILLIAM G. MORRIS, P.A.

William G. Morris, Esq.
Admitted in FL, DC, VA

Samantha A. Morris, Esq.

Of Counsel
Constance M. Burke, Esq.

Marco Island
247 N. Collier Blvd., Suite 202
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Email: wgm@wgmorrislaw.com
www.wgmorrislaw.com

December 13, 2016

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

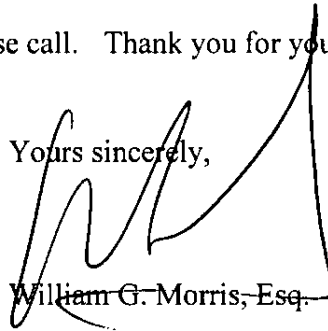
Re: Clarion Lake, LLC
Our File: 16CM014

To Whom It May Concern:

Enclosed please find check in the amount of \$55.00 made payable to the Florida Department of State for filing fee and certified copy of the Statement of Authority for the above referenced entity.

Should you have any questions, please call. Thank you for your prompt attention to this request.

Yours sincerely,



William G. Morris, Esq.

WGM/gms d:15
Enclosure

FILED
2016 DEC 14 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF AUTHORITY

FIRST: The name of the limited liability company is: CLARION LAKE, LLC.

SECOND: The Florida Document Number of the limited liability company is: L16000217297

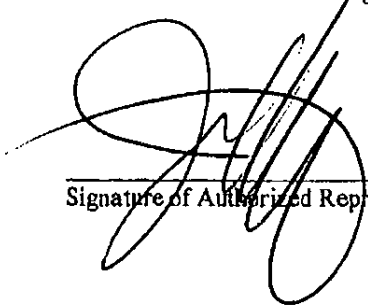
THIRD: The street address of the limited liability company's principal office is: 7995 Mahogany Rune Lane, Naples, Florida 34113.

The mailing address of the limited liability company's principal office is: 7995 Mahogany Run Lane, Naples, Florida 34113.

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. JOSEPH D. BOFF and JOEL I. BOBROW are authorized and directed to take any and all actions on behalf of the limited liability company that they in their sole discretion, deems necessary, appropriate or convenient to consummate or accomplish the sale and conveyance of Real and Personal Property including, but not limited to the execution and delivery of Settlement Statement, Bill of Sale, Owner's Gap Affidavit, Non Foreign Affidavit and Warranty Deed and any and all agreements, documents, certificates, approvals or instruments which they may deem necessary, advisable or convenient in connection with the sale of the property, all to be in such form and substance as deemed necessary, appropriate or convenient by either of them.

2. May enter into other transactions on behalf of or otherwise act for or bind, the company.
 - a. JOSEPH D. BOFF and JOEL I. BOBROW are also authorized and directed, on behalf of the limited liability company, to do and perform all such further actions and things and to sign and execute, for and on behalf of the limited liability company, all such further documents and certificates and to take all such further steps as may be necessary, advisable, convenient or proper to carry out the intent of the foregoing resolutions.



Signature of Authorized Representative

JOSEPH D. BOFF

Printed Name