16000226892

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200296109022

02/28/17--01009--020 **30.00

MAR 0 1 2017 S. YOUNG SECRETARY OF STATE RECEIVED A TALLAHASSEE, FLORIDA DEDICT RECEIVE A TALLAHASSEE, FLORIDA DEDICT REPORT OF STATE RECEIVED A TALLAHASSEE, FLORIDA DEDICT REPORT OF STATE RECEIVED A TALLAHASSEE, FLORIDA DEDICT REPORT OF STATE RECEIVED A TALLAHASSEE, FLORIDA DEDICT RECEIVED A TALLAHASSEE, FLORID

ACCESS,		venue. Tallahassee, F (850) 222-2666 or		x (850) 222-1666
	WA	ALK IN		
PI	CK UP:	2/28/	17	
CERTIFIED COPY	<u> </u>	erille II. de des	* Busine .	<u>4.1.</u>
CUS	(Good St	anding	
FILING Reef IL GP (CORPORATE NAME AND DO	LLC	dement	g Aut	tookity
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			iác 1
(CORPORATE NAME AND DO	CUMENT#)			FEB 28
(CORPORATE NAME AND DO	CUMENT #)			AM 9: 41
(CORPORATE NAME AND DO	CUMENT#)			

1.

2.

3.

4.

5.

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section Division of Corporations			
Reef II GP, LLC			
	imited Liability Company		
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are	submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Grant T. Downing, Esq.			
Name of Person			
Godbold, Downing & Bill, P.A.			
Firm/Company			
222 W. Comstock Avenue, Suite 101			
Address			
Winter Park, FL 32789			
City/State and Zip Code			
khoran@gdb-law.com			
E-mail address: (to be used for future annu	ual report notification)	_	
For further information concerning this matter, plea	se call:		
Kristy Horan	at ()	4418	
Name of Person	Area Code Da	ytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADI		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327	W	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Flor	ida 32314	

STATEMENT OF AUTHORITY

thority: RST: The name of the limited liability company is: Reef II GP, LLC	
	_
COND: The Florida Document Number of the limited liability company is: L16000226892	
IRD: The street address of the limited liability company's principal office is: 400 N. New York Avenue	
Suite 101	
Winter Park, FL 32789	
The mailing address of the limited liability company's principal office is: 400 N. New York Avenue	
Suite 101	
Winter Park, FL 32789	17
DURTH: This statement of authority grants or sets limitations of authority on all persons having the status or sition of a person in a company, whether as a member, transferce, manager, officer or otherwise or to a specific son on the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: Russell A. Greer in his capacity as Manager	17 FEB 28 AM 9: 41
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: Russell A. Greer, in his capacity as Manager	
b. No authority granted to:	
Russell A. Greer	
Russell A. Greer Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

CR2E138 (2/14)