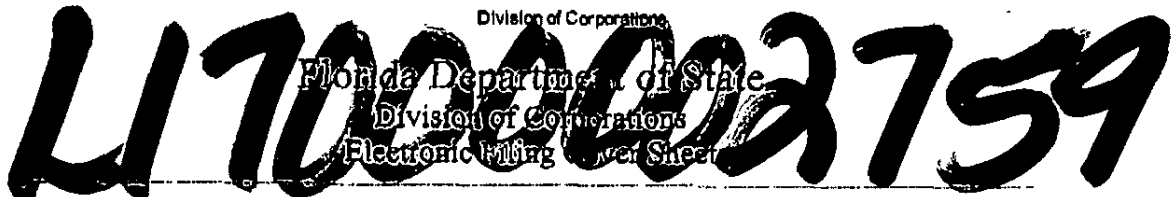


1/8/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000005660 3)))



H170000056603ABCZ

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CONTEGA BUSINESS SERVICES, LLC
 Account Number : I20060000142
 Phone : (904)301-1269
 Fax Number : (904)301-1279

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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 CERTUS MTD OWNER LLC**

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D. BRUCE
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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: CERTUS MTD OWNER LLC

SECOND: The Florida Document Number of the limited liability company is: L17000002759

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

1400 POINSETTIA AVE

ORLANDO, FL 32804

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

1400 POINSETTIA AVE

ORLANDO, FL 32804

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.

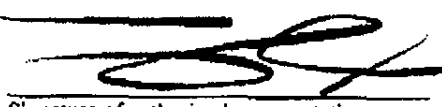
a. Granted to: Troy M. Cox

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: Troy M. Cox and Glen Pawlowski

b. No authority granted to: _____


Signature of authorized representative

January 7, 2017

Troy M. Cox, Authorized Rep

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR20138 (2/14)

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