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	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CONTEGA BUSINESS SERVICES, LL Account Number : I20060000142 Phone : (904)301-1269 Fax Number : (904)301-1279		
	**Enter the email address for this business entity to be annual report mailings. Enter only one email addres Email Address:	used for future ss please.**	
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## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Plorida Statutes, this limited liability company submits the following statement of authority;

FIRST: The name of the limited liability company is: LAND OWNER WL LLC

SECOND: The Florida Document Number of the limited liability company is: L17000075062

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:

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t.	-	Course an instrument transferring real property held in the name of the company. Granted to: Troy M. Cox	SECRET	2017 APR
	b.	No authority granted to:	HASSEE, FI	IL A
2.	•	nter into other transactions on behalf of, or otherwise act for or bind, the company. Oranted to : Troy M. Cox and Glen Pawlowski	STATE	6.28
	a. h	No suthority granted to:		

Signature of authorized representative

Troy M. Cox, Authorized Rep

Typed or printed name of signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

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