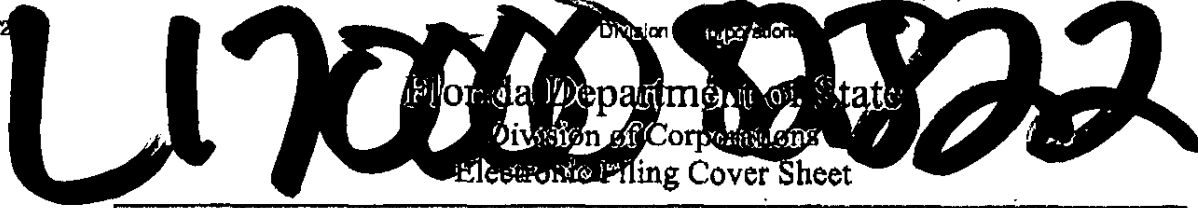


04/18/2017 10:12 Driver, McAfee, Peek & Hawthorne

(FAX)9043011279

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

From:

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Account Number : I20060000142
Phone : (904)301-1269
Fax Number : (904)301-1279

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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 STU OWNER LLC

SECOND: The Florida Document Number of the limited liability company is: L170000082822

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

1400 POINSETTIA AVEORLANDO, FL 32804

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

1400 POINSETTIA AVEORLANDO, 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

Troy M. Cox, Authorized Rep

Typed or printed name of signature

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