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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LATHAM, SHUKER, EDEN & BEAUDINE, LLP

Account Number : I20000000025 : (407)481-5800 Phone

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COVER LETTER

FO: Registration Section Division of Corporations
ARB HUNTER'S CREEK PHASE I, LLC
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Statement of Authority and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL G. CANDIOTTI, ESQ
Name of Person
LATHAM, LUNA, EDEN & BEAUDINE, LLP
Firm/Company
111 N. MAGNOLIA AVE, SUITE 1400
Address
ORLANDO, FL 32801
City/State and Zip Code
ffredrick@lathamluna.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fran Fredrick 407 481-5876
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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STATEMENT OF AUTHORITY

authority:			
FIRST: The name of the limited liability company is: ARB HUNTER'S CREEK PHASE I, LLC			
SECOND: The Florida Document Number of the limited liability company is:			
THIRD:	The street address of the limited liability company's principal office is: 711 N. ORLANDO AVE. #302	2821(EB 23	
	MAITLAND, FL 32751 US		
	The mailing address of the limited liability company's principal office is: 711 N. ORLANDO AVE, #302		
•	MAITLAND, FL 32751 US		
	May execute an instrument transferring real property held in the name of the contact and Granted to: Aldo D. Martin, as Authorized Signatory; and Francesco Arato, as Authorized Signatory	mpany. 	
	a. Granted to: Aldo D. Martin, as Authorized Signatory;		
	b. No authority granted to:		
2	2. May enter into other transactions on behalf of, or otherwise act for or bind, the a. Granted to:	company.	
	b. No authority granted to:		
		Martin	
Signature	Typed or printed na Filting Fee: \$25.00 Certified Copy: \$30.00 (optional)	ame of signature	