## 117000135557

| (Re                                     | equestor's Name)   |             |  |
|---|--------------------|-------------|--|
| (Ad                                     | dress)             |             |  |
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| (Cit                                    | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |
| (Bu                                     | siness Entity Nar  | ne)         |  |
| (Document Number)                       |                    |             |  |
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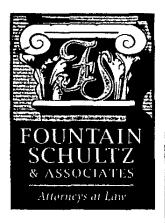


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SECRETARY OF STATE
TALL ANASSEE FLORID.

K. SALY FEB 27 2018 February 22, 2018



KENNETH R. FOUNTAIN
KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD

## **VIA REGULAR MAIL**

Registration Section Division of Corporations Attn: Octavia Simmons

P.O. Box 6327

Tallahassee, Florida 32314

Re: Articles of Organization for Growing Santa Rosa Enterprises, LLC

Dear Ms. Simmons:

Enclosed please find the Amended and Restated Articles of Organization and Statement of Authority. Also enclosed is a check in the amount of \$25.00 for filing the Statement of Authority. You are also holding the \$25.00 for filling the Articles of Organization that was sent earlier this month.

Please return a filed copy to me in the enclosed pre-addressed, stamped envelope.

Thank you for your assistance in this and should you have questions, please let us know.

Sincerely,

Fountain, Schultz & Associates, P.L.

Kenneth R. Fountain, Esquire

KRF:amf Enclosures

2045 FOUNTAIN PROFESSIONAL CT. SLITE A

NAVARRE, FLORIDA 32566 TEL (850) 939-3535 FAX (850) 939-3539

Santa Rosa Beach Tel: (850) 622-2700 Fax: (850) 622-2722

## **COVER LETTER**

|             | egistration Section<br>ivision of Corporations |                                       |   |  |
|-------------|--|---------------------------------------|---|--|
| SUBJECT     | Growing Santa Rosa Enterp                      | orises, LLC                           |   |  |
| SODJECI     |  | imited Liability Comp                 | any   |  |
| Dear Sir o  | r Madam:                                       |                                       | •   |  |
| The enclos  | ed Statement of Authority and fee(s) are       | submitted for filing.                 |   |  |
| Please retu | nm all correspondence concerning this m        | atter to the following:               |   |  |
| Kenneth     | n R Fountain                                   |                                       |   |  |
|             | Name of Person                                 | <del>_</del>                          |   |  |
| Growing     | g Santa Rosa Enterprises, LLC                  | ;                                     |   |  |
|             | Firm/Company                                   |                                       |   |  |
| 2045 Fo     | ountain Professional Ct Ste B                  |                                       |   |  |
|             | Address  |                                       |   |  |
| Navarre     | e, FL 32566                                    |                                       |   |  |
|             | City/State and Zip Code                        | · · · · · · · · · · · · · · · · · · · |   |  |
| fountair    | n@fountainlaw.com                              |                                       |   |  |
|             | E-mail address: (to be used for future and     | mal report notification               | <u> </u>                                      |  |
| For furthe  | r information concerning this matter, ple      | ase call:                             |   |  |
| Kennet      | h R Fountain                                   | 850                                   | 939-3535                                      |  |
|             | Name of Person                                 | at (at Code                           | Daytime Telephone Number                      |  |
|             | TREET/COURIER ADDRESS:                         |                                       | G ADDRESS:                                    |  |
|             | egistration Section Division of Corporations   |                                       | Registration Section Division of Corporations |  |
|             | lifton Building                                | P.O. Box                              | _   |  |

Tallahassee, Florida 32314

2661 Executive Center Circle

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

| authority | r.  | l liability company submits the following statement of           |
|-----------|---|--|
| FIRST:    | The name of the limited liability company is:   | wing Santa Rosa Enterprises, LLC                                 |
| SECON     | D: The Florida Document Number of the limited lia   | bility company is: L17000135557                                  |
| ТHIRD:    | : The street address of the limited liability company' 2045 Fountain Professional Ct Ste B              | 's principal office is:  |
|           | Navarre, FL 32566   |  |
|           | The mailing address of the limited liability compa  | ny's principal office is:  |
|           | 2045 Fountain Professional Ct Ste B   |  |
|           | Navarre, FL 32566   | CORDE  |
|           | on the following:  I. May execute an instrument transferring real pro a. Granted to: Kenneth R Fountain |  |
|           | b. No authority granted to: Jonathan Jerry Rolison, Larry Rolison                                       |  |
|           | 2. May enter into other transactions on behalf of a. Granted to:  | or otherwise act for or bind, the company.                       |
|           | b. No authority granted to:  Jerry Rolison, Larry Rolison   | Cole, Jessika Schelfhout,  |
| 2         | - Form  | Kenneth R Fountain   |
| Signatu   | re of authorized representative Filing Fee: Certified Copy  | Typed or printed name of signature \$25.00 y: \$30.00 (optional) |