

L17000139756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

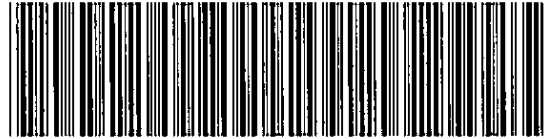
(Business Entity Name)

(Document Number)

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APR 13 2019
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Heron Health and Rehabilitation 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:

Joseph J. Dehner

Name of Person

Frost Brown Todd LLC

Firm/Company

3300 Great American Tower, 301 E. Fourth Street

Address

Cincinnati, Ohio 45202

City/State and Zip Code

dwright.ott@tlcmgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph J. Dehner

Name of Person

at (513)

Area Code

651-6949

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

2018 APR -8 AM 9:15
RECEIVED
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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: Blue Heron Health and Rehabilitation LLC

SECOND: The Florida Document Number of the limited liability company is: L17000139756

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

1800 N. Wabash Road, Suite 300, Marion, IN 46952

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

1800 N. Wabash Road, Suite 300, Marion, IN 46952

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.

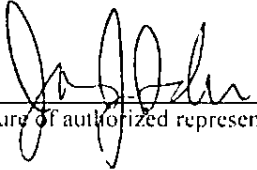
a. Granted to: Gary L. Ott, Dwight A. Ott, Ryan M. Ott

b. No authority granted to: Elvin Weinmann, Trustee, Cullen S. Gibson, Jennifer Showalter, John Ott, Steve Deneff

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Gary L. Ott, Dwight A. Ott, Ryan M. Ott

b. No authority granted to: Elvin Weinmann, Trustee, Cullen S. Gibson, Jennifer Showalter, John Ott, Steve Deneff


Signature of authorized representative

Joseph J. Dehner

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)