117000141107

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17 NOV 1 % AM 7: 85 SECRETARY OF STATE ALLAHASSEE FLORIDA

COVER LETTER

	egistration Section livision of Corporations			
	L17000141107			
SUBJECT	`:	Limited Liability Com	pany	
	Nume of t	Emmed Embiney Com	pany	
Dear Sir o	r Madam:			
The enclos	sed Statement of Authority and fee(s) are	e submitted for filing.		
Please retu	irn all correspondence concerning this n	natter to the following	:	
Joseph	E. Seagle			
	Name of Person		-	
Joseph	E. Seagle PA			
	Firm/Company		•	
924 We	st Colonial Drive			
	Address	,	-	
Orlando	, FL 32804			
	City/State and Zip Code		-	
joe@se	aglelaw.com			
E	-mail address: (to be used for future and	nual report notification	n)	
For further	information concerning this matter, ple	ease call:		
Joseph	E. Seagle	407 at (373-7451	
	Name of Person	Area Code	Daytime Telephone Number	
	TREET/COURIER ADDRESS:		MAILING ADDRESS:	
	egistration Section rivision of Corporations		Registration Section Division of Corporations	
C	lifton Building		P.O. Box 6327	
20	661 Executive Center Circle	Tallahass	Tallahassee, Florida 32314	

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability authority:		ig statem	ent of
FIRST: The name of the limited liability company is: White Wall	LLC		
SECOND: The Florida Document Number of the limited liability con	npany is: L17000141107		
THIRD: The street address of the limited liability company's principal 924 West Colonial Drive			
Orlando, FL 32804			
The mailing address of the limited liability company's prince 924 West Colonial Drive	ripal office is:		
Orlando, FL 32804			
FOURTH: This statement of authority grants or sets limitations of authority of a person in a company, whether as a member, transferee, members on the following: 1. May execute an instrument transferring real property held a. Granted to: Joseph E. Seagle, Philip W Charles Bell, acting jointly or several.	d in the name of the company. Richardson, or	TORRETARY OF	cific
b. No authority granted to: N/A		7: 05 SIATE	
2. May enter into other transactions on behalf of, or otherw a. Granted to: Charles Ball, pating ininth, or appear	W. Richardson, or	ıy.	
b. No authority granted to: N/A	Пу		
	Joseph E. Seagle		
Signature of authorized representative Filing Fee: \$25.00	Typed or printed name of s	signature	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)