

L17000168601

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DATE: 8/21/17

NAME: CLARK HEALTHCARE PARTNERS, LLC

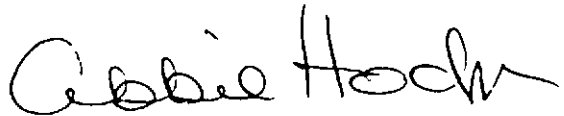
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STATEMENT OF AUTHORITY

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: CLARK HEALTHCARE PARTNERS, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000168601

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

2520 GOLF VIEW DRIVE

WESTON, FL 33327

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

2520 GOLF VIEW DRIVE

WESTON, FL 33327

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: _____

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: CRAIG LOWY

b. No authority granted to: _____



Signature of authorized representative

ROBERT KUSHER

Typed or printed name of signature

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