

**CORPORATE
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INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
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WALK IN

PICK UP: 11/30/17

- ☐ **CERTIFIED COPY** _____
- ☐ **PHOTOCOPY** _____
- ☐ **CUS** _____
- ☒ **FILING** Statement of Authority

1. EPI VISTA APARTMENTS, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPI VISTA APARTMENTS, 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:

R. Travis Rentz, Esq.

Name of Person

Godbold, Downing, Bill & Rentz, P. A.

Firm/Company

222 W. Comstock Ave., Suite 101

Address

Winter Park, FL 32789

City/State and Zip Code

trentz@gdb-law.com

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

For further information concerning this matter, please call:

Travis Rentz

Name of Person

407

at ()

Area Code

647-4418

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

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: EPI VISTA APARTMENTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000184400

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

359 Carolina Avenue

Suite 200

Winter Park, FL 32789

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

359 Carolina Avenue

Suite 200

Winter Park, FL 32789

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: James H. Pugh, Jr., Justin R. Sand,
McCarley Davis, Allyson Chiappa

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: James H. Pugh, Jr., Justin R. Sand,
McCarley Davis, Allyson Chiappa

b. No authority granted to: _____


Signature of authorized representative

Allyson Chiappa
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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