

L17000 198534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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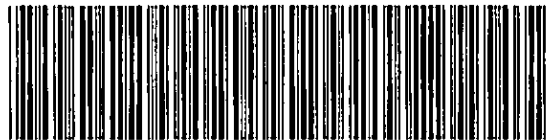
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Legacy Resorts East 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:

Philip W. Jalutka (AHN: Stephanie Kellycid) \* Please remove  
Name of Person all other points  
of contact:  
Legacy Resorts East LLC  
Firm/Company Rob Hutchinson  
& Paul Bobik  
2101 Lakeway Blvd. #130  
Address  
Austin, TX 78734  
City/State and Zip Code  
skelly@legacyirp.com (cc: pjalutka@legacyirp.com)  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call 432-352-5120 (first)

Philip W. Jalutka at 512 289-2445 or 512-266-9311  
Name of Person Area Code 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: Legacy Resorts East, LLC

SECOND: The Florida Document Number of the limited liability company is: 417000198534

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

1856 N. Nob Hill Rd. #117  
Plantation, FL 33322

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

2101 Lakeway Blvd. #130  
Austin, TX 78734

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: Paul Bobik / Rob Hutchinson

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

a. Granted to: \_\_\_\_\_

b. No authority granted to: Paul Bobik / Rob Hutchinson

[Signature]

Signature of authorized representative

Philip W. Jalutka

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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