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STATEMENT OF AUTHORITY

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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:

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

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

1400 POINSETTIA AVE

ORLANDO, FL 32804

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

.....

1400 POINSETTIA AVE

ORLANDO, FL 32804

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, transferce, manager, officer or otherwise or to a specific person on the following: 71

1. May execute an instrument transferring real property held in the name of the company.

a.	Granted to:		18	
b.	No authority granted to:	5- 5-	01 H.N.	
2. May en	ter into other transactions on behalf of, or otherwise act for or bind, the comp		NH 8: 13	
a.	Granted to : Troy M. Cox and Glen Pawlowski		ū	
Ъ.	No authority granted to:	-		
	Troy M. Cox, Autho	rized F	lep	
Signature of authoriz	Typed or printed name of Filing Fee: \$25.05: Certifled Copy: \$30.06 (optional)	of signatu	uc	

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