

L18000134256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

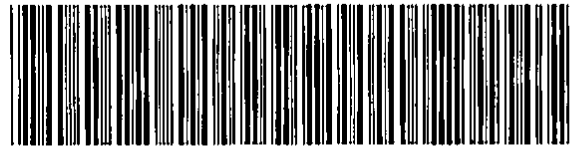
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FL 32301

2020 APR -1 AM 7:17

FILED

APR 14 2020  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HIDDEN RIVER LAKES, 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:

Marie-Andree Cleary

\_\_\_\_\_  
Name of Person

Orchard Management, Inc. & Companies

\_\_\_\_\_  
Firm/Company

277 Locust St., Ste. A

\_\_\_\_\_  
Address

Dover, NH 03820

\_\_\_\_\_  
City/State and Zip Code

mcleary@orchardco.com

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

For further information concerning this matter, please call:

TINA SMITH

352

394-7408

\_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# 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: HIDDEN RIVER LAKES, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L18000134256

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

4741 Atlantic Blvd., Ste. F

Jacksonville, FL 32207

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

277 Locust St., Ste. A

Dover, NH 03820

**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: Joseph T. Clayton, Jr.; Roderick MacAlpine; Merideth Nagel;  
Tina Smith; Joni Story; Susan Roberts

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: \_\_\_\_\_

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Joseph T. Clayton, Jr.

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2020 APR - 1 AM 7:11  
STATEMENT OF AUTHORITY  
DIVISION OF CORPORATION  
TALLAHASSEE, FL 32301

FILED