

L18 000134256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

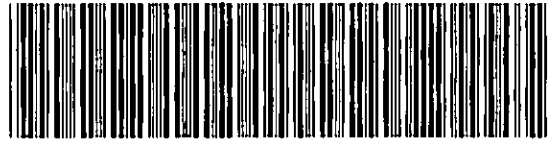
(Business Entity Name)

(Document Number)

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JUL 2021

**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 Street, Suite 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

at ( 352 )

394-7408

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 Street, 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.

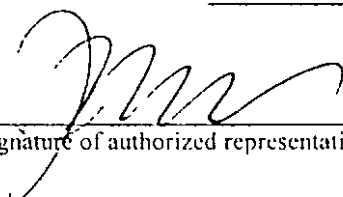
a. Granted to: Joseph T. Clayton, Jr.; Roderick MacAlpine; William MacAlpine;  
Merideth Nagel; Tina Smith; Joni Story

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)