L18000176376

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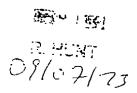
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COVER LETTER

	Registration Section Division of Corporations
SUBJECT:	TWO TWENTY SIX INVESTMENTS LLC
	Name of Limited Liability Company
Dear Sir	or Madam:
The encl	osed Statement of Authority and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
Ryan Fe	atherstone
	Name of Person
Dunlap	Moran
	Firm/Company
22 S. Li	nks Ave., Suite 300
	Address
Sarasota	L FL 34236
	City/State and Zip Code
rfeathers	stone@dunlapmoran.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:

94 E

Area Code

at (

Mailing Address:

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

Name of Person

Street Address:

366-0115

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

Daytime Telephone Number

9899 CFP -7 PHI2: L

Rvan Featherstone

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: TWO TWENTY SIX INVESTMENTS LLC SECOND: The Florida Document Number of the limited liability company is: L18000176376 THIRD: The street address of the limited liability company's principal office is: 25 N MARKET ST. JACKSONVILLE, FL 32202 The mailing address of the limited liability company's principal office is: 25 N MARKET ST. JACKSONVILLE, FL 32202 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:___Tracy K. Scheib b. No authority granted to: $\frac{N/A}{A}$ May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: N/A b. No authority granted to: N/A Diana W. Scheib

Certified Copy: \$30.00 (optional)

\$25,00

Filing Fee:

Typed or printed name of signature

Signature of authorized representative