

218000 177536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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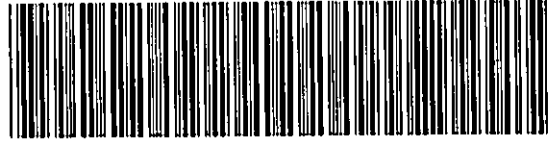
(Business Entity Name)

(Document Number)

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BAKER DONELSON

BEARMAN, CALDWELL & BERKOWITZ, PC

1900 REPUBLIC CENTRE
633 CHESTNUT STREET
CHATTANOOGA, TENNESSEE 37450
PHONE 423.756.2010
FAX 423.756.3447

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MARIE WALKER, PARALEGAL
Direct Dial: 423.209.4134
Direct Fax: 423.752.9578
E-Mail Address: mwalker@bakerdonelson.com

November 28, 2018

Florida Secretary of State
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6052

VIA FEDERAL EXPRESS

Re: **Documents to be Filed**

Dear Sir or Madam:

Enclosed please find the Statement of Authority for MCP 490 ST PETE, LLC. Also enclosed is a check for \$55.00 to cover the filing fee and the certified copy request.

Please file this statement of authority as soon as possible and return the originals using the label enclosed.

If you have any questions or if there is a problem, please let me know. I can be reached by telephone at (423) 209-4134. Thank you in advance for your help.

Sincerely,



Marie Walker
Paralegal

cc: Mary O'Kelley, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCP 490 ST PETE, 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:

Mary O'Kelley

Name of Person

Baker Donelson

Firm/Company

633 Chestnut Street, Suite 1900

Address

Chattanooga, TN 37450

City/State and Zip Code

mokelley@bakerdonelson.com

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

For further information concerning this matter, please call:

Mary O'Kelley

Name of Person

at (423) 209-4143

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: MCP 490 ST PETE, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000177536

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

394 Hancock Street

Madison, GA 30650

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

394 Hancock Street

Madison, GA 30650

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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: Robert B. Mason

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: Robert B. Mason

b. No authority granted to: _____

Mary O'Kelley
Signature of authorized representative

Mary O'Kelley
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)