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Office Use Only



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COT OF COMMENTS

## · COVER LETTER

Division of Corporations		
Focus Homes, LLC of Florida	l	
SUBJECT: Name of Lir	nited Liability Comp	any
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Scott C. Howard		
Name of Person		
Focus Homes, LLC of Florida		
Firm/Company	<del></del>	
4005 Maronda Way		
Address	<del> </del>	
Sanford, FL 32771		
City/State and Zip Code		
campbellk@maronda.com		
E-mail address: (to be used for future annu	al report notification	)
For further information concerning this matter, plea	se call:	
Jane Forest	407 at (	302-9872
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	Registrati	G ADDRESS: on Section of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E138 (2/14)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section

TO:

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Floauthority:	orida Statutes, this limited liab	ility company submits the followi	ing statement of	
FIRST: The name of the limited lia	ability company is: Focus	Homes, LLC. of Florid	da	
SECOND: The Florida Document  THIRD: The street address of the 1  4005 Maronda Way		ncipal office is:	4	
	ne limited liability company's			
FOURTH: This statement of author position of a person in a company, v person on the following:	whether as a member, transfer	ee, manager, officer or otherwise	or to a specific	
	Scott Howard, Rober	y held in the name of the company	19 00 31/33	· ·
b. No authority	granted to: N/A		- 2	
-		therwise act for or bind, the comp		
	granted to: N/A		· -	
Signature of authorized representati	ive .	Scott Howard Typed or printed name o	f signature	
CR2E138 (2/14)		5.00		