(ch	e print this page and a own below) on the top	use it as a cover sl and bottom of all r	leet. Type the fay	k audit numb <del>e</del> i ment.
(51)		20000048663 3)	-	
		200000486833ABC\$		
Note: DO N	NOT hit the REFRESH/ Doing so will	RELOAD button of generate another of	on your browser to over sheet.	from this page
To:	Division of Co Fax Number	prporations : (050)617-63	33	
Fro	Account Name	: 07272000026 : (941)366-48	00	N, DIETZ 6
annual	email address for report mailings, E Add <b>ress:</b>	this business ender only one ender only one ender only one ender one ender one ender one ender one ender one en	ntity to be us mail address	please
·	C AMND/RESTAT			
LL		OM ATRIUM,		SIGN
		15	0	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Certified Copy Page Count		01	

Ŧ

FILED

••

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company (the "Company") submits the following statement of authority:

FIRST: The name of the Company is:

	Blossom Atri	um, LLC				
SECON	ID: The Florida Document Number of	f the Company is:	L18000275015			
THIRD	The street address of the Company's	principal office is:				
	1382 Vincenzo Drive					
	Toms River, N	NJ 08753-2768				
	The mailing address of the Company	's principal office is:	:			
	1382 Vince	enzo Drive				
	Toms River, M	NJ 08753-2768				
persons transfere	<ul> <li>H: This statement of authority gran having the status or position of a pers ee, manager, officer or otherwise or to fay execute an instrument transferrir y.</li> <li>a. Granted to:</li> </ul>	son in a company, w a specific person on	whether as a member, the following:			
	b. No authority granted to:	George Repch				

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:	George Repchick
Min Sh	Brian Schwartz
	There all the second the second of signs of the

Signature of authorized representative Typed or printed name of signature