L19000237909

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COVER LETTER

Division of Corporations
SUBJECT: Corperter Homes, 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:
Monald Carpenter Name of Person
Carpenter Homes, L.C. Firm/Company
1302 E. Second Ave, Suite 200 Address
Tampa, FL 33605 City/State and Zip Code
E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (815) 323-3330 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

TO:

Registration Section

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: (cx penter Homes, LLC.
SECOND: The Florida Document Number of the limited liability company is: 1.19(00)237909
THIRD: The street address of the limited liability company's principal office is:
1302 E Second Ave, Suite 200
Tampa, FL 33605
The mailing address of the limited liability company's principal office is:
1302 E. Second Ave, Suite 200
Tampa, FL 33605
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: Nonald Curpenter
b. No authority granted to: Larry S. Thompson
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
a. Granted to: <u>Pronald Carpenter</u>
b. No authority granted to: Larry S. Thompson

Signature of authorized representative
Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)