

L200000018034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

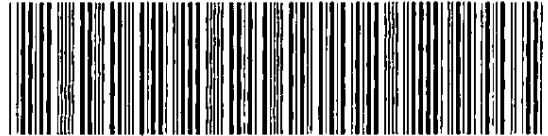
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carpenter Mental Homes, LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald Carpenter
Name of Person

Carpenter Mental Homes, LLC.
Firm/Company

1302 E. Second Ave, Suite 200
Address

Tampa, FL 33605
City/State and Zip Code

Mon@CarpenterCoFL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Carpenter at (813) 323-3330
Name of Person 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

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: Carpenter Rental Homes, LLC.

SECOND: The Florida Document Number of the limited liability company is: L200000018034

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: Ronald Carpenter

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: Ronald Carpenter

b. No authority granted to: Larry S. Thompson


Signature of authorized representative

Ronald Carpenter
Typed or printed name of signature

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

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