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STATEMENT OF AUTHORITY

authority:	on 605.0302(1), Florida Statut ne of the limited liability com	•	• •		f
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SECOND: The l	Florida Document Number of	the limited liability co	mpany is:		_
	eet address of the limited liab erans Memorial Parkway	ility company's princip	al office is:	_	
Orange	City, Florida 32763			•	
	ailing address of the limited li Alafaya Trail # 377		1		
Orlando	, Florida 32828			-	
position of a person on the following the fo	statement of authority grants on in a company, whether as a owing: execute an instrument transf	a mamber, transferee, n	ithority on all persons having nanager, officer or otherwise d in the name of the compan	or to a specific	
	a. Granted to: Troy M. Cox				
	b. No authority granted to:				
	y enter into other transactions a. Granted to:	on behalf of, or otherw	rise act for or bind, the comp	22 JAN 19	-1
	b. No authority granted to:			PH 1: 00	ED
			Troy M. Cox, Authorized	Rep	
Signature of autho	FI	ling Fee: \$25.00 prifiled Copy: \$30.00	Typed or printed name of (optional)	f signature	

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