L22000140737

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UI	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
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COVER LETTER

то:	Registration Section Division of Corporations		
ennie.	CADY WAY COTTAGES LI	LC	
SUBJE		Limited Liability Comp	pany
Dear Sir	r or Madam:		
The enc	losed Statement of Authority and fee(s) ar	e submitted for filing.	
Please r	eurn all correspondence concerning this r	natter to the following:	:
ALEX	ANDER REY		
	Name of Person		
CADY	WAY COTTAGES LLC		
	Firm/Company		
123 E	. MORSE BLVD		
	Address		
WINT	ER PARK, FL 32789		
	City/State and Zip Code		
ACCC	DUNTING@REYGROUPINDUS	TRIES.COM	
	E-mail address: (to be used for future an	nual report notification	1)
For furt	her information concerning this matter, pl	ease call:	
ALEX	ANDER REY	407	590-4789
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrat Division P.O. Box	KG ADDRESS: ion Section of Corporations 6327 see, Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority: FIRST: The name	of the limited liability company is:	CADY WAY COTTAGES, LLC	
	-		
SECOND: The Flo	orida Document Number of the limite	ed liability company is: L22000140737	
THIRD: The street	t address of the limited liability comp	,	
WINTER	R PARK, FL 32789		
			3
	ling address of the limited liability co	ompany's principal office is:	PH 12: 02
WINTER	R PARK, FL 32789	ASSE ASSE	- PHI
		TA TA	2: 02
person on the follow 1. May e. a.	execute an instrument transferring rea	al property held in the name of the company. EY, ERIC REY, JOSE A. REY,	
b.	. No authority granted to:		
2. May c a.		f of, or otherwise act for or bind, the company.	
b.	No authority granted to:		
		ALEXANDER REY	
11 74 7 1			

CR2E138 (2/14)