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COVER LETTER

TO: Registration Section
Division of Corporations

GOVER Subject:	NORS PARK DEVE		
·	Name of I	Limited Liability Com	pany
Dear Sir or Madam:			
The enclosed Statement of A	Authority and fee(s) ar	e submitted for filing.	
Please return all correspond	ence concerning this n	natter to the following	Eft.
BRIAN ROSE			5/23/22
Na	me of Person		JUSICE-
GOVERNORS PARK DEV	/ELOPMENT, LLC		•
Fir	m/Company		•
111 S. ARMENIA AVE.; S	SUITE 201		
	Address		-
TAMPA, FL 33609			
City/State	and Zip Code		-
brose@eisenhowerproperty	group.com		
E-mail address: (to	be used for future and	nual report notificatio	n)
For further information con-	cerning this matter, ple	ease call:	
Brian Rose		813 at (610-3043
Name of I	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 folloauthority:	wing statement of
FIRST: The name of the limited liability company is:GOVERNORS PARK DEVELOPM	ENT, LLC
SECOND: The Florida Document Number of the limited liability company is: L22000211477	
THIRD: The street address of the limited liability company's principal office is: 111 S. ARMENIA AVE.	
SUITE 201	2027 S.E.
TAMPA, FL 33609	2022 HAY 24 SECKE JAR TALLAHA
The mailing address of the limited liability company's principal office is:	Y 24 AM LARY OF AHASSE
SUITE 201	STATE
TAMPA, FL 33609	
FOURTH: This statement of authority grants or sets limitations of authority on all persons having position of a person in a company, whether as a member, transferee, manager, officer or otherwise person on the following: 1. May execute an instrument transferring real property held in the name of the companion. a. Granted to: NICHOLAS J. DISTER	se or to a specific
b. No authority granted to:	- -
2. May enter into other transactions on behalf of, or otherwise act for or bind, the con a. Granted to: NICHOLAS J. DISTER	— npany. —
b. No authority granted to:	_
. 1	_

Filing Fee:

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

Signature of authorized representative

JEFFERY S. HILLS

Typed or printed name of signature