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COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	EMI MASTER DEVELOPMENT	Γ, LLC		
SOBJEC		Name of Limited Liability Company		
Dear Sir o	or Madam:			
The enclo	sed Statement of Authority and fee(s) are st	ubmitted for filing.		
Please ret	urn all correspondence concerning this matt	er to the following		
BRIAN F	ROSE		Eff. 7-14-2022	
	Name of Person		7-14-2022	
EMI MA	STER DEVELOPMENT, LLC		, , ,	
	Firm/Company	<u>-</u> .	-	
111 S. A	RMENIA AVE.; SUITE 201			
	Address		-	
TAMPA,	FL 33609			
	City/State and Zip Code		-	
brose@e	senhowerpropertygroup.com			
-	E-mail address: (to be used for future annua	l report notificatio	n)	
For furthe	er information concerning this matter, please	e call:		
Brian Ro	se	813	610-3043	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Person

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Daytime Telephone Number

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of FIRST: The name of the limited liability company is: _____EMI MASTER DEVELOPMENT, LLC SECOND: The Florida Document Number of the limited liability company is: L22000265069 THIRD: The street address of the limited liability company's principal office is: 111 S. ARMENIA AVE. SUITE 201 TAMPA, FL 33609 The mailing address of the limited liability company's principal office is: 111 S. ARMENIA AVE. SUITE 201 TAMPA, FL 33609 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:___ b. No authority granted to: 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: NICHOLAS J. DISTER No authority granted to:

Signature of authorized corresentative

JEFFERY S. HILLS

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)