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COVER LETTER

TO:	Registration Section Division of Corporat			
SUBJE		EHOUSE TN MF HOLDINGS, LLC	***************************************	
		Name of Limited Liability Co	ompany	
Dear S	ir or Madam:			
The en	closed Statement of Au	thority and fee(s) are submitted for filir	g.	
Please	return all corresponder	ce concerning this matter to the followi	ng:	
			Eff. - 10-3-22	
BRIA	N ROSE		271.	
	Nam	e of Person	10-3-2-6	
HD W	HITEHOUSE TN MF	HOLDINGS, LLC		
	Firm	Company	<u> </u>	
111 S.	ARMENIA AVE.; SU	TE 201		Α.
	Ad	dress		20
TAMP	PA. FL 33609			22 OCT 12
	City/State a	nd Zip Code		7
brose@	@eisenhowerpropertyg	roup.com		Ċ.
	E-mail address: (to b	e used for future annual report notificat	ion)	51:5
For fur	ther information conce	ning this matter, please call:		
Brian l	Rose	813	610-3043	
	Name of Pe	at (at Code	Daytime Telephone Number	
	Mailing Address		Street Address:	

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

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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant authority		 Florida Statutes, this limited liability company submits the following statement 	ent of	
FIRST:	The name of the lim	ted liability company is: HD WHITEHOUSE TN MF HOLDINGS, LLC		
SECON	D: The Florida Docu	ment Number of the limited liability company is:		
THIRD	: The street address of 111 S. ARMENIA A	f the limited liability company's principal office is: VE.		
	SUITE 201			
	TAMPA, FL 33609			
	The mailing addres	s of the limited liability company's principal office is:		
	SUITE 201			
	TAMPA, FL 33609			
	n the following: 1. May execute an	any, whether as a member, transferee, manager, officer or otherwise or to a specinstrument transferring real property held in the name of the company. NICHOLAS J. DISTER to:		·
	b. No auth	ority granted to:	22 OCT 12 AH	
	•	ther transactions on behalf of, or otherwise act for or bind, the company. to:	5: 49	
	b. No auth	ority granted to:		
C.		JEFFERY S. HILLS		
Signatur	d of authorized in pres	entative Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

CR2E138 (2/14)