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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200

Fax Number : (407)423-1831

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THeip

To:

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STATEMENT OF AUTHORITY

authority:		ing state	anient o	ť
FIRST:	The name of the limited liability company is: MIDSOUTH INVESTMENTS LLC			
SECONI	2: The Florida Document Number of the limited liability company is: 1.23000062601			
	The street address of the limited liability company's principal office is: 10174 SE 6TH TERRACE			
-	WEBSTER, FL 33597			
-	The mailing address of the limited liability company's principal office is: P.O. BOX 615			
-	WEBSTER 33597			
position c person on	f: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise the following: May execute an instrument transferring real property held in the name of the company a. Granted to: RICHARD L. POSPIECH and WILLIAM S. SMITH (jointly)	or to a s	or office 2024 AUG 27	
	b. No authority granted to:	٠.	JG 27 PH 2:	
:	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comparation of the comp	an <u>y</u> ,	53	
	b. No authority granted to:			
Signature	William S, Smith Of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signate	 ire	

CR2E138 (2/14)