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Edward A. Storey III Jamie L. Storey Suzanne V. Delancy Christian J. Gendreau Kyle Killeen



December 20, 2019

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

RE: Statement of Authority
Marshall Properties, LLC

Dear Sir/Madame.

Enclosed please find the Statement of Authority for Marshall Properties, LLC. We have also enclosed a check for the filing of \$25.00 and an additional \$30.00 to receive a certified copy. Please send back the Certified copy in the enclosed return envelopes.

If you could possible give us a call at 407-488-1225 or you can email me at <u>Jgonzalez@storeylawgroup.com</u> to advise of the dues.

Sincerely

Johniser Gonzalez

Paralegal to Edward A. Storey III, Esq.

ES/jg

COVER LETTER

| | | COVER LETTER | | |
|----------------|--|----------------------------|--------------------------|---------------|
| | gistration Section vision of Corporations | | | - C25 (M). W. |
| SUBJECT: | MARSHALL PROPERTIE | ES, L.L.C. | | |
| SUBJECT. | · | of Limited Liability Com | pany | - Page 1997 |
| Dear Sir or I | Madam: | | | |
| The enclosed | d Statement of Authority and fee(s) | are submitted for filing. | | F. 5 |
| Please return | all correspondence concerning thi | s matter to the following | : | |
| Edward A | A. Storey III | | | |
| | Name of Person | | | |
| Storey La | aw Group, P.A. | | | |
| | Firm/Company | - | | |
| 3670 Mag | guire Blvd., Suite 200 | | | |
| | Address | | | |
| Orlando, | FL 32803 | | | |
| | City/State and Zip Code | | | |
| estorey@ | storeylawgroup.com | | | |
| E-n | nail address: (to be used for future | annual report notification | <u> </u> | |
| For further in | nformation concerning this matter, | please call: | | |
| Edward S | Storey | 407 at (| 488-1225 | |
| | Name of Person | Area Code | Daytime Telephone Number | _ |
| | | | | |

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

| authority FIRST: | | of the limited | liability com | pany is: MAI | RSHALL | PROPER | TIES, L.L. | C |
|-----------------------|-----------------------------|--|---------------|---|-----------------------|--|-----------------------------|------------------|
| SECON | D: The Flo | rida Documer | nt Number of | the limited lis | ability com | pany is: | 000006619 | |
| | The street | | limited liab | lity company | | | | |
| | Orlando | , FL 32819 | | | | | | 19 Dec 26 |
| | | ng address of sterling Dr | | ability compa | ny's princi | pal office is: | | 26 PM |
| | Orlando | , FL 32819 | | | | | | |
| position of person of | of a person 1 the follow | in a company, ing: secute an instr Granted to: | whether as a | member, transerring real profuzyak, Auf | nsferee, ma | hority on all pe unager, officer in the name of Represent | or otherwise of the company | or to a specific |
| | b. | No authority | granted to: | | | | | |
| : | 2. May e a. | Granted to | | Huzyak, A | | se act for or bir d Represer | | ıny. |
| | b. | No authority | granted to: | | | | | |
| M | Kuth | Hugan | 6 | | | Keith M. H | uzyak | |
| Signature | of authoriz | ed représentai | | ing Fee: rtified Copy: | \$25.00 \$30.00 (a | | nted name of | signature |