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DATE: 2/7/2023

NAME: FEVERTREE LENDING, LLC

TYPE OF FILING: STATEMENT OF AUTHORITY

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FEVERTREE LENDING, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER M. STARLING
Name of Person

STARLING LAW, P.A.
Firm/Company

599 9TH STREET NORTH, SUITE 207
Address

NAPLES, FL 34102
City/State and Zip Code

PETER@STARLINGLAWFL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER M. STARLING at (239) 302-6062
Name of 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

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: FEVERTREE LENDING, LLC

SECOND: The Florida Document Number of the limited liability company is:

THIRD: The street address of the limited liability company's principal office is:
599 9TH STREET NORTH
SUITE 207
NAPLES, FL 34102

The mailing address of the limited liability company's principal office is:
599 9TH STREET NORTH
SUITE 207
NAPLES, FL 34102

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: PETER M. STARLING
b. No authority granted to:
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
a. Granted to: PETER M. STARLING
b. No authority granted to:

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STATE DEPARTMENT OF STATE
TALLAHASSEE, FL

Signature of authorized representative

SIMON BUTLER
Typed or printed name of signature

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