AFFIDAVIT OF AUTHORIZATION

FOR PET	FITION NUMBERS(S) PL20170003	446, Tree Farm MPUD PDI		
William B. Yeom	nans, Jr.	(print name), as Manag	ger	(title, if
applicable) o		(print name), ao	(company If	applicable), swear or affirm
	that I am the (choose one) own	er / applicant	contract purchaser	
2. 3. 4. 5.	I have full authority to secure the referenced property as a application and the Land Deve All answers to the questions in attached hereto and made a pal have authorized the staff of for the purpose of investigating The property will be transferestrictions imposed by the app We/I authorize O. Grady Minor and Assin any matters regarding this positions.	result of any action a lopment Code; this application and a art of this application a Collier County to ente and evaluating the re rred, conveyed, sold proved action.	approved by the Co any sketches, data o are honest and true; r upon the property quest made through or subdivided sul	unty in accordance with this rother supplementary matte during normal working hours this application; and that
*Notes:				
 If the appl 	licant is a corporation, then it is	usually executed by the	he corp. pres. or v. p	ores.
 If the app. 	licant is a Limited Liability Con he signed by the Company's "Ma	npany (L.L.C.) or Limi		
	licant is a partnership, then typi		n on behalf of the pa	artnership.
 If the app 	plicant is a limited partnership, if the named partnership.			
	licant is a trust, then they must	includa tha trustaa's n	ame and the words	"as trustee"
	nstance, first determine the app			
	ppropriate format for that owner		namada, corporate	, trast, partnersmp, and the
acc are ap	spropriate format for that evine.	omp.		
Under pena	alties of perjury, I declare tha	t I have read the for	egoing Affidavit of	Authorization and that
	ated in it are true.			
//				0
//			(5.10.18
	Signature			Date
STATE OF	FLORIDA			
COUNTY O	F COLLIER			
				1000
The foregoin	ng instrument was sworn to (or	affirmed) and subscri	bed before me on	DENALO (date) by
William B. Yeomans				g oath or affirmation), as
Manager for TBC Ti	ree Farm 1, LLC who is	personally known to		•
(type of iden	ntification) as identification.	porconally renorm to	1	
STAMP/SEAL		Sjá	nature of Notary Po	Warrand -
CP\08-COA-00	CAROL ANN KEN Notary Public - State : Commission # FF g My Comm. Expires Dec Bonded through National N	of Florida (*) 131390.		

REV 3/24/14

AFFIDAVIT OF AUTHORIZATION

FOR PE	TITION NUMBERS(S)	PL20170003446, Tree Farm MP	UD PDI			
William B. Yeor	mans, Jr.	(print name	e), as Manager			(title, if
applicable)					lf applicable), s	
under oath,	that I am the (choose	one) owner ✓ apr	olicant contr	act purchase	and that:	
1.	I have full authority to the referenced prope application and the La	rty as a result of an	y action approv			
2.	All answers to the que attached hereto and r	estions in this applica	ation and any sk			mentary matte
3.	I have authorized the for the purpose of inve	staff of Collier Coun	ity to enter upor	the property	during normal	
4.	The property will be restrictions imposed by	transferred, conve	yed, sold or s			
5.	We/I authorize Q. Grady in any matters regard	Minor and Associates, P.A. and Co	oleman, Yovanovich & Koe		act as our/my	representative
*Notes:						
 If the app typically b 	licant is a corporation, plicant is a Limited Lia pe signed by the Comp	bility Company (L.L.C any's "Managing Mei	C.) or Limited Comber."	ompany (L.C.), then the doc	uments should
 If the app 	licant is a partnership, plicant is a limited par of the named partnersh	tnership, then the ge				as the "genera
 In each in 	licant is a trust, then the nstance, first determin ppropriate format for the	e the applicant's sta				ship, and ther
Under pent	alties of perjury, I de tated in it are true.	clare that I have rea	ad the foregoin	g Affidavit o	f Authorization	n and that
/4		7			5.12.18	
-//	Signature				5.18.18	
	Signature				Date	
STATE OF	FLORIDA					
COUNTY O	F COLLIER					
The foregoi	ng instrument was swo	orn to (or affirmed) ar		M 3	May 10 20 ng/gath or affirr	(date) by
Manager for TBC T	ree Farm 1, LLC	_ who is personally h	// /		- 6	nation, ao
(type of ider	ntification) as identifica		/ 100	10		-11
STAMP/SEAL	Notary Po Commit My Comm	DL ANN KENNEDY Ublic - State of Florida ssion # FF 931390 Expires Dec 15, 20,19 ugh National Notary Asso.	Signature	Cof Notary P	ublic /	noagn_
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