

After Recording Return To:
Outback Investments, LLC
P.O. Box 772428
Steamboat Springs, CO 80477

STATEMENT OF AUTHORITY

1. This Statement of Authority relates to an entity named: **TelemedU, LLC**
2. The type of entity is a: **Limited Liability Company**
3. The entity is formed under the laws of: **Florida**
4. The mailing address for the entity is: **525 E Jackson Street, #302
Orlando, FL 32801**
5. The name and position of each person authorized to execute instruments conveying, encumbering or otherwise affecting title to real property on behalf of the entity is:
Faisal T. Ansari, Manager
6. The authority of the foregoing persons to bind the entity is **not** limited.
7. This Statement of Authority is executed on behalf of the entity pursuant to the provisions of §38-30-172, C.R.S.

TelemedU, LLC
a Florida limited liability company

By: 

Faisal T. Ansari, Manager

STATE OF Colorado)
COUNTY OF Routt) ss.

The foregoing instrument was acknowledged before me this 8 day of October, 2020 by Faisal T. Ansari, as Manager of TelemedU, LLC, a Florida limited liability company.

Witness my hand and official seal.

My commission expires: _____

(SEAL)


Notary Public

