CERTIFICATE OF AUTHORITY OF THE MEMBERS OF

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We the undersigned members of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“the Company”) do hereby certify that the Company is organized and existing as a limited liability company under the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with offices located in the county/parish of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and whose mailing address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We certify that a meeting of the members of the Company duly called and held, at which a quorum was present and voting it was resolved that:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is authorized to sign and execute on behalf of this Company a lease or servitude agreement with the City of New Orleans, covering the use of City-owned property and relating to the property described as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and containing such terms, provisions, conditions, and restrictions as he/she may consider proper in his/her discretion.

Resolved further, that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is hereby authorized, in the name and on behalf of the Company, to execute such documents and instruments and to perform such acts and do such things as may be necessary and proper in his/her discretion to carry the forgoing into effect.

We, the undersigned members of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do certify that we have read all of the provisions of the Certificate of Authority and we each jointly and severally and on behalf of the Company do certify and agree to its terms.

This authority is valid until \_\_\_\_\_\_\_\_\_\_\_\_ or until such time as it is revoked in writing.

Dated this\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member:

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member:

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member:

**NOTARY**

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