

AGENT AUTHORIZATION FORM

Date of Authorization: 9 / 9 / 19
Month Day Year

I hereby authorize Bart Smith be listed as authorized agent
(Print Name of Agent)

representing Provident Atlantic Resorts Inc for the application submission
(Print Name of Property Owner(s) the Applicant(s))

of Vacation Rental Exemption
(List the Name and Type of applications for the authorization)

for the Property described as: (if in metes and bounds, attach legal description on separate sheet)

Ocean Pointe 2 Townhouse
Lot Block Subdivision Key (Island)

Real Estate (RE) Number

Alternate Key Number

Street Address (Street, City, State & Zip Code)

Approximate Mile Marker

Authorized Agent Contact Information:

138 Simonton St. Key West 33040

Mailing Address (Street, City, State and Zip Code)

305-296-7227

Work Phone

Home Phone

Cell Phone

bart@smithhawks.com

Email Address

This authorization becomes effective on the date this affidavit is notarized and shall remain in effect until terminated by the undersigned. This authorization acts as a durable power of attorney only for the purposes stated. The undersigned understands the risks and liabilities involved in the granting of this agency and accepts full responsibility for any and all of the actions of the agent named herein related to the processing of the services requested, application(s) and/or the acquisition of approvals/permits for the aforementioned applicant. The applicant(s) hereby indemnifies and holds harmless Monroe County, its officers, agents and employees for any damage to applicant caused by its agent or arising from this agency authorization.

Note: Agents must provide a notarized authorization from ALL current property owners.

Signature of Property Owner: _____

Printed Name of Property Owner: Maral Khanjian

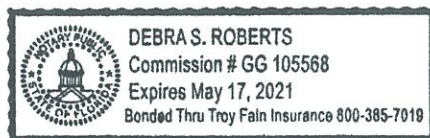
STATE OF Florida COUNTY OF Monroe

Sworn to and subscribed before me this 9th day of September, 2019,

by Maral Khanjian, who is personally known to me OR produced
(Print Name of Person Making Statement)

FL Driv K5255406040 as identification.
(Type of ID Produced)

Debra S. Roberts
Signature of Notary Public



Print, Type or Stamp Commissioned Name of Notary Public

My commission expires: