

L080000025745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

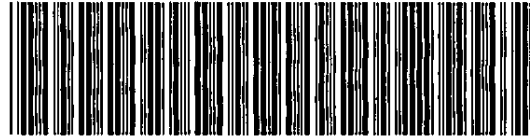
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

15 DEC 28 AM 8:40

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJMVL MANAGEMENT, 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:

Anne Paul

Name of Person

Hahn Loeser

Firm/Company

5811 Pelican Bay Blvd., #650

Address

Naples, FL 34108

City/State and Zip Code

apaul@hahnlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad A. Galbraith at (239) 552-2990
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: AJMV L MANAGEMENT, LLC

SECOND: The Florida Document Number of the limited liability company is: L08000025745

THIRD: The street address of the limited liability company's principal office is:

555 17TH AVENUE SOUTH

NAPLES, FL 34102

The mailing address of the limited liability company's principal office is:

555 17TH AVENUE SOUTH

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: ANDRZEJ LYSIKIEWICZ

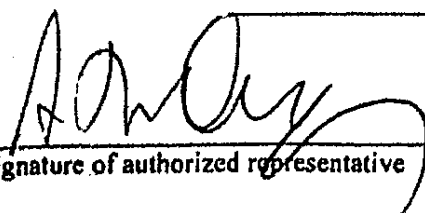
b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: ANDRZEJ LYSIKIEWICZ

b. No authority granted to: _____

15 DEC 28 AM 8:40


Signature of authorized representative

ANDRZEJ LYSIKIEWICZ
Typed or printed name of signature

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