

4/24/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.
 Account Number : 076770003401
 Phone : (305)381-8108
 Fax Number : (305)381-8109

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: GNC@ABOGADOMIAMI.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PAC MEN LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAC MEN 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:

Alexis Idalia Marrero Koratich

Name of Person

Geoffrey M. Wayne, P.A.

Firm/Company

135 San Lorenzo Ave., PH 840

Address

Coral Gables, FL 33146

City/State and Zip Code

GN@ATTORNEYMIAMI.COM

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

For further information concerning this matter, please call:

Alexis Koratich

Name of Person

305

Area Code

381-8108

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: PAC MEN LLC

SECOND: The Florida Document Number of the limited liability company is: L15000094879

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

636 NE LAKE POINTE DRIVE

LEE'S SUMMIT, MO 64046

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

636 NE LAKE POINTE DRIVE

LEE'S SUMMIT, MO 64046

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.

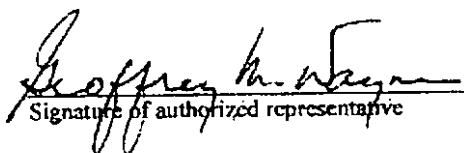
a. Granted to: FABIO DE ANDRADE

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: FABIO DE ANDRADE

b. No authority granted to: _____


Signature of authorized representative

Geoffrey M. Wayne - authorized
Typed or printed name of signature: Representative

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