

LI5000161062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

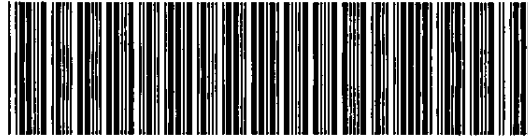
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

N. Culligan DEC -8-2015

George P. Langford
Attorney at Law

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3357 TAMIAMI TRAIL NORTH
NAPLES, FLORIDA 34103-4165

TELEPHONE:(239) 262-2011
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E-MAIL: LangfordLaw@embarqmail.com

December 3, 2015

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314
(850) 487-6051

Re: PPM AMERICA, LLC

Ladies and Gentlemen:

Enclosed please find the following:

1. Statement of Authority;
2. Check in the amount of \$25.00.

Please file the Statement of Authority with your records.

Should you have any questions please do not hesitate to contact this office.

Sincerely yours,



Danielle C. Marczak
Legal Assistant to George P. Langford

GPL/dcm
enclosures

FILED

2015 DEC -7 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

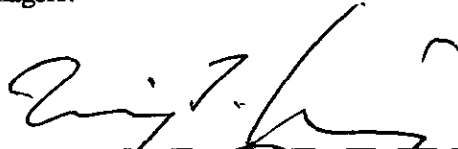
**STATEMENT OF AUTHORITY
PPM AMERICA, LLC**

Pursuant to Section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

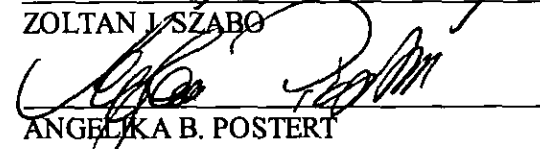
- FIRST:** The name of the limited liability company is: **PPM AMERICA, LLC**
- SECOND:** The Florida Document Number of the limited liability company is: **L15000161062.**
- THIRD:** The street address of the limited liability company is:
13055 Castle Harbour Drive, Apt. K3, Naples, FL 34110.
- The mailing address of the limited liability company is:
13055 Castle Harbour Drive, Apt. K3, Naples, FL 34110.

- 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 and instrument transferring real property held in the name of the company.
 - a. Granted to: **ZOLTAN J. SZABO and/or ANGELIKA B. POSTERT.**
 - 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: **ZOLTAN J. SZABO and/or ANGELIKA B. POSTERT.**
 - b. No authority granted to:

Managers:



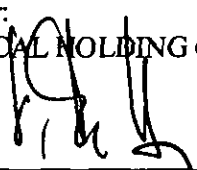
ZOLTAN J. SZABO



ANGELIKA B. POSTERT

Sole Member:

PPM-MEDICAL HOLDING GMBH



By: DR. ULRICH W. MATTHES
Its: Managing Member