

4/28/2018

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(03/03) 04/26/2018 8:47:47 PM

Division of Corporations

L 16000060847

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@ATTORNEYMIAMI.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PAC MEN 6390 LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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18 APR 26 PM 12:54  
SECRETARY OF STATE  
MAIL SERVICES DIVISION

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
MAIL SERVICES

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APR 27 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAC MEN 6390 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 33148

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

at ( 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 6390 LLC

SECOND: The Florida Document Number of the limited liability company is: L16000060847

THIRD: The street address of the limited liability company's principal office is:  
636 NE LAKE POINTE DRIVE  
LEE'S SUMMIT, MO 64048

The mailing address of the limited liability company's principal office is:  
636 NE LAKE POINTE DRIVE  
LEE'S SUMMIT, MO 64048

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18 APR 26 PM 12:55  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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.

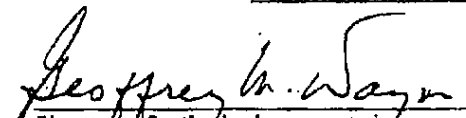
a. Granted to: FABIO DE ANDRADE

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  
Typed or printed name of signature

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