

L18000149198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

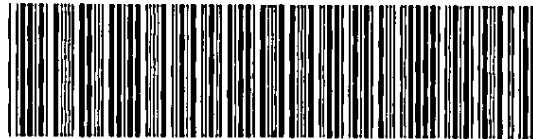
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500322456285

01/04/19--P1024 00:00:00

19 JAN -6 AM 6:54

O SIMMONS  
JAN 14 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Crossbow Holdings IV 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:

**Kirsten S. Tarafa**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**414 East Wisconsin Avenue**

\_\_\_\_\_  
Address

**Neenah, WI 54956**

\_\_\_\_\_  
City/State and Zip Code

**crossbowholdings@gmail.com**

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

For further information concerning this matter, please call:

**Kirsten S. Tarafa**

**561**

**386-3866**

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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: Crossbow Holdings IV LLC

SECOND: The Florida Document Number of the limited liability company is: L18000149198

THIRD: The street address of the limited liability company's principal office is:  
414 East Wisconsin Avenue  
Neenah, WI 54956

The mailing address of the limited liability company's principal office is:  
414 East Wisconsin Avenue  
Neenah, WI 54956

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: Kirsten S. Tarafa

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: Kirsten S. Tarafa

b. No authority granted to: \_\_\_\_\_

19 JAN -4 AM 6 54

Eugene Schrang, Trustee  
Signature of authorized representative

Eugene Schrang, Trustee  
Typed or printed name of signature

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