

L16000116845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Acme Property 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:

Alyssa DeBell

Name of Person

Law Office of Bonnie A. Brown

Firm/Company

514 Colorado Avenue

Address

Stuart, Florida 34990

City/State and Zip Code

Pinto@pjpinto.com

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

For further information concerning this matter, please call:

Alyssa DeBell

at (**772**) **221-9024**

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

Please send us
a certified copy
back in the enclosed
self addressed stamped
envelope.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Acme Property Management, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000116845

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

4300 South US Highway 1, Suite 203-346

Jupiter, FL 33477

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

4300 South US Highway 1, Suite 203-346

Jupiter, FL 33477

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.

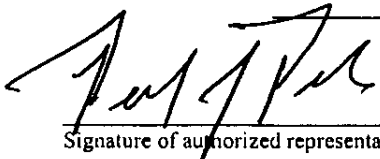
a. Granted to: Peter J. Pinto

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: Peter J. Pinto

b. No authority granted to: _____


Signature of authorized representative

Peter J Pinto
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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17 JAN 13 PM 12:59
TALLAHASSEE
SECRETARY OF STATE

New Horizons Holdings, LLC

Tuesday, December 20, 2016

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


VIA FEDEX OVERNIGHT DELIVERY- Tracking ID: 7781 6601 1526

In Re: New Horizons Holdings, LLC
FL Document# M13000005921

Please find enclosed the completed Application by Foreign Limited Liability Company to file Amendment to Certificate of Authority to Transact Business in Florida, along with a check in the amount of \$25.00 for the processing fee.

Should you require any further information, please let me know.

Respectfully,


Steven King
Executive Vice President, Chief Compliance Officer
SKing@LiveWellHoldings.net
Direct: 305-455-3862
Facsimile: 954-436-4263

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17 JAN 13 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA