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D SCOTT

COVER LETTER

Division of	*Corporations				
ReM SUBJECT:	ReMilNet, LLC				
30bjec1	pany				
Dear Sir or Madam:					
The enclosed Statem	nent of Authority and fee(s) are	submitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
Sara Slettebo					
	Name of Person				
ReMilNet, LLC					
	Firm/Company				
4226 Eagle La	nding Parkway				
	Address				
Orange Park, F	L 32065		,		
Ci	ty/State and Zip Code				
sara@remilnet	.com				
E-mail add	lress: (to be used for future annu	al report notification)		
For further informat	ion concerning this matter, plea	se call:			
Sara Slettebo		904	699-5599		
N	ame of Person	Area Code	Daytime Telephone Number		
	COURIER ADDRESS:	MAILING ADDRESS:			
Registratio		Registration Section			
Clifton But	f Corporations	Division of Corporations P.O. Box 6327			
2661 Exec	utive Center Circle e, Florida 32301	Tallahassee, Florida 32314			

TO: Registration Section

STATEMENT OF AUTHORITY

authority:				company submits the following	; statement of
FIRST:	The name of	the limited liability co	ompany is: ReMilNet,	LLC	
SECON	D: The Flori	da Document Number	r of the limited liability co	mpany is: L03000033059	
	The street a		iability company's princip		
	Orange P	Park, FL 32065		<u> </u>	
		ng address of the limite	ed liability company's prir	ncipal office is:	
	Ponte Ve	edra, FL 32081			
position person o	n the followi	ng:	ansferring real property he	manager, officer or otherwise or eld in the name of the company.	
	b	No authority granted	Stanley Halter		ب
	2. May er a.	nter into other transact Granted to:	tions on behalf of, or othe Slettebo	rwise act for or bind, the compar	ny.
	b.	No authority granted	Stanley Halter		
- O	1 32	S		Sara Slettebo	
Signatu	re of authoriz	zed representative	Filing Fee: \$25.0	Typed or printed name of 00 (optional)	signature

CR2E138 (2/14)