409000044103

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COVER LETTER .

TO: Registration Section Division of Corporations	* *	
SUBJECT: MAVIS HOLDING C	COMPANY LLC	
	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Statement of Authority and	fcc(s) are submitted for filing.	
Please return all correspondence concern	_	
HARRY O. HENDRY		
Name of Person		
HENDRY LAW FIRM, P.A.		
Firm/Company		
POST OFFICE BOX 1509		
Address		
FORT MYERS, FLORIDA 3390	02	
City/State and Zip Code		
HOHENDRY2@GMAIL.COM		
E-mail address: (to be used for fu	sture annual report notification)	
For further information concerning this ma	atter, please call:	
HARRY O. HENDRY	239 332-7123	
Name of Person	Area Code Daytime Telephone Num	ber

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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited authority:	liability company submits the following statement	ent of
FIRST: The name of the limited liability company is: MAV	IS HOLDING COMPANY, LLC	
SECOND: The Florida Document Number of the limited liab	ility company is:L04000044103	
THIRD: The street address of the limited liability company's 2164B WEST FIRST STREET	principal office is:	
FORT MYERS, FLORIDA 33901		
The mailing address of the limited liability company POST OFFICE BOX 1509		2019 HAY
FORT MYERS, FLORIDA 33902		Y 23
FOURTH: This statement of authority grants or sets limitations position of a person in a company, whether as a member, transferenson on the following: i. May execute an instrument transferring real proper a. Granted to: HARRY O. HENDRY	ree, manager, officer or otherwise or to a specif	MM 8: 21
b. No authority granted to:		
May enter into other transactions on behalf of, or of a. Granted to:	therwise act for or bind, the company.	
b. No authority granted to:		
Hay O. Hely	HARRY O. HENDRY	
nature of authorized representative Filing Fee: \$25 Certified Copy: \$30		

CR2E138 (2/14)