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(Re	equestor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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COVER LETTER

10:	Division of Corporations		•
SUBJE	Shoes For Crews, LLC		
.,00,00		imited Liability Com	pany
Dear Si	r or Madam:		
The enc	losed Statement of Authority and fee(s) are	submitted for filing.	
Please r	eturn all correspondence concerning this m	atter to the following	;
Kevar	n Wade Levinson		
	Name of Person		
Shoes	s For Crews, LLC		
-	Firm/Company		
5000	T-Rex Avenue Suite 100		
	Address		
Boca	Raton, FL 33431		
	City/State and Zip Code		
kevar	al@shoesforcrews.com		
	E-mail address: (to be used for future ann	ual report notification	n)
For furt	her information concerning this matter, plea	ase call:	
Kevar	n Wade Levinson	561 at (227-0765
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILIN	G 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 followauthority:	wing statement of
FIRST: The name of the limited liability company is: Shoes For Crews, LLC	
SECOND: The Florida Document Number of the limited liability company is:	54
THIRD: The street address of the limited liability company's principal office is: 5000 T-Rex Avenue	
Suite 100	_
Boca Raton, FL 33431	_
The mailing address of the limited liability company's principal office is: 5000 T-Rex Avenue	-
Suite 100	_
Boca Raton, FL 33431	_
position of a person in a company, whether as a member, transferee, manager, officer or otherwise person on the following: 1. May execute an instrument transferring real property held in the name of the compara. a. Granted to:	ny.
b. No authority granted to:	2019 SEP 30 AH II
2. May enter into other transactions on behalf of, or otherwise act for or bind, the com	namy =
a. Granted to: Kevan Wade Levinson	:10
b. No authority granted to:	- -
Kevan Wade Levins	- son
Signature of authorized representative Filing Fee: \$25.00	of signature

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)