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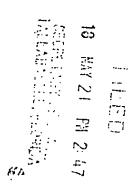
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
Marry Me Wedding Rentals LLC	
Name of Limited Liability Con	npany
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	<u>8</u> :
Suzanne or Mark Eaton	
Name of Person	-
Marry Me Wedding Rentals	
Firm/Company	-
4904 Chaney Street	
Address	-
Pensacola, FL 32503	
City/State and Zip Code	-
marrymerentals@cs.com	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please call:	
Suzanne Eaton 850	572-8086
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

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited hability co- authority:	mpany submits the following statement of
FIRST: The name of the limited liability company is:	
Marry Me Wedding Rentals, LLC	
SECOND: The Florida Document Number of the limited liability compa	any is:
THIRD: The street address of the limited liability company's principal of	office is:
4904 Chaney Street	
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	是一个一种的一种。 第二
The mailing address of the limited liability company's princip 4904 Chaney Street	al office is:
Pensacola, Fl 32503	dr.
	
FOURTH: This statement of authority grants or sets limitations of authoristion of a person in a company, whether as a member, transferee, man person on the following: 1. May execute an instrument transferring real property held in a. Granted to: Mark D. Eaton	ager, officer or otherwise or to a specific
b. No authority granted to:	
2. May enter into other transactions on behalf of, or otherwise a. Granted to:	e act for or bind, the company.
b. No authority granted to:	
Signature of authorized representative Filing Fee: \$25.00	Suzanne Eaton Typed or printed name of signature

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)