

108000062302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FALL COUNTY, OH

JUL 29 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

KAHAMA VII, LLC

SUBJECT: _____
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:

Michael A. DiAntonio, Sr.

Name of Person

KAHAMA VII, LLC

Firm/Company

17 Cache Cay Drive

Address

Vero Beach, Florida 32963

City/State and Zip Code

payables@pmtmanagement.com

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

For further information concerning this matter, please call:

Michael A. DiAntonio, Sr.

609

780-3756

at (_____) _____

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 liability company submits the following statement of authority:

KAHAMA VII, LLC

FIRST: The name of the limited liability company is: _____

L08000062302

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

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

17 Cache Cay Drive

Vero Beach, FL 32963

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

17 Cache Cay Drive

Vero Beach, FL 32963

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.

Michael A. DiAntonio, Sr.

a. Granted to: _____

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

Michael A. DiAntonio, Sr.

a. Granted to: _____

b. No authority granted to: _____



Signature of authorized representative

Michael A. DiAntonio, Sr.

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)