## 108000110166

(Requestor's Name)		
(Address)		
(Address)		
(Marcss)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
,		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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## **COVER LETTER**

' TO: ' Registration Section Division of Corporations	
SUBJECT: Summit Resolution Name of	Lrces International, LLC Limited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) as	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Tina M. Uanez Name of Verson	
Summit Resources In	ternational, LLC
Apopka Floric City/State and Zip Code	
melinda@ere-5Ri  E-mail address: (to be used for future as	. com
For further information concerning this matter, p	lease call:
Melinda Wenderlein Name of Person	at (407) 649-6552 K114 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

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the fauthority:	
FIRST: The name of the limited liability company is: Summit Resources	International, UL
SECOND: The Florida Document Number of the limited liability company is: <u>L080</u> 6	00110166
THIRD: The street address of the limited liability company's principal office is:	
2840 W. Orange Avenue Apopka, Florida 32703	- 75 KG
The mailing address of the limited liability company's principal office is:  2840 W. Okange Avenue	
Apopka, Florida 32703	ယ ယ 
FOURTH: This statement of authority grants or sets limitations of authority on all persons I position of a person in a company, whether as a member, transferee, manager, officer or othe person on the following:  1. May execute an instrument transferring real property held in the name of the co a. Granted to: Tina M. Hanez-Calvo	rwise or to a specific
b. No authority granted to: Manuel A. Yanez-Co	alvo
2. May enter into other transactions on behalf of, or otherwise act for or bind, the a. Granted to: Tina M. Yanez-Calvo	company.
b. No authority granted to: Manuel A Yanez-Cal	VO
Tina M. Yo	inez-Calvo
Signature of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	ine of signature

## ENTERTAINMENT RETAIL ENTERPRISES, LLC • OPERATING ACCOUNT

12303

**Division of Corporations** 

Check Number:

12303

Check Date.
Check Amount:

02/23/15 30.00

 JNV #
 Date
 Gross Amount
 Discount Taken
 Amount Paid

 SRI L08000110166
 02/23/15
 30.00
 0.00
 30.00