

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PA PORTFOLIO INVESTORS LLC

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:

DAVID FRATANGELO

Name of Person

ASSET RECOVERY MANAGEMENT

Firm/Company

13778 OLD ROVER ROAD

Address

WEST FRIENDSHIP, MD 21794

City/State and Zip Code

DAVE@ASSETSRC.COM

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

For further information concerning this matter, please call:

David Fratangelo

at (301)

728-0646

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:

FIRST: The name of the limited liability company is: PA PORTFOLIO INVESTORS LLC

SECOND: The Florida Document Number of the limited liability company is: L09000085871

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

1900 SUNSET HARBOUR DR. 2ND FL ANNEX

MIAMI BEACH, FL 33139

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

1900 SUNSET HARBOUR DR. 2ND FL ANNEX

MIAMI BEACH, FL 33139

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.

a. Granted to: JAMES FRATANGELO

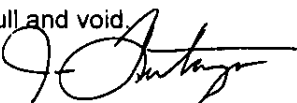
b. No authority granted to: _____

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

a. Granted to: JAMES FRATANGELO

b. No authority granted to: _____

FIFTH: This document is to be effective as of January 1, 2013, all other agreements, powers of attorney or documents granting authority to ANY individual(s) are hereby revoked, are un-enforceable and are null and void.



Signature of authorized representative

James Fratangelo

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
14 MAR 24 AM 10:49
TALLAHASSEE, FLORIDA