

L10000028634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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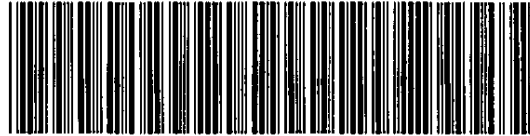
(Business Entity Name)

(Document Number)

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**ACC**<sup>TM</sup>  
**AIR CRITICAL CARE LLC**



**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AIR CRITICAL CARE, 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:

BRUCE H. VANDERLAAN  
Name of Person

BRUCE H. VANDERLAAN, ATTORNEY AT LAW, P.A.  
Firm/Company

14047 SHIMMERING LAKE COURT  
Address

FORT MYERS, FL 33907  
City/State and Zip Code

BRUCEVANDERLAAN@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL PEAT at 941-639-9119

e-mail: MIKE@AIRCRITICALCARE.COM

**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)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
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### 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: AIR CRITICAL CARE, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L10000028634

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

25591 TECHNOLOGY BOULEVARD

UNIT A

PUNTA GORDA, FL 33950

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

25591 TECHNOLOGY BOULEVARD

UNIT A

PUNTA GORDA, FL 33950

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status 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

MICHAEL PEAT

b No authority granted to:

KALEIGH ELIZABETH PEAT

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

a Granted to

MICHAEL PEAT

b No authority granted to:

KALEIGH ELIZABETH PEAT

  
Signature of authorized representative

Michael Allen Peat  
Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)

16 JUL 2006 PM 2:06  
TALLAHASSEE, FL 32304  
CLERK OF CIRCUIT COURT  
STATE OF FLORIDA