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Florida Department of State
Division of Corporations
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JUL 08 2016

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Help

COVER LETTER

H16000164165

TO: Registration Section
Division of Corporations

SUBJECT: NOVALIS, 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:

Gryska Sotolongo

Name of Person

Thomas G. Sherman, P.A.

Firm/Company

90 Almeria Avenue

Address

Coral Gables, FL 33134

City/State and Zip Code

Gryska@uniontitleservices.com

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

For further information concerning this matter, please call:

Gryska Sotolongo

at

305

448-5898

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

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CR2E138 (2/14)

STATEMENT OF AUTHORITY

1416000164165

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: Novallis, LLC

SECOND: The Florida Document Number of the limited liability company is: L10000054670

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

5700 W. PEPPERTREE CIRCLE

DAVIE, FL 33314

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

5700 W. PEPPERTREE CIRCLE

DAVIE, FL 33314

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: THOMAS G. SHERMAN, ESQ.

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: THOMAS G. SHERMAN, ESQ.

b. No authority granted to: _____

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Signature of authorized representative

MARCEL LAIK

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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