

LII 000 121 034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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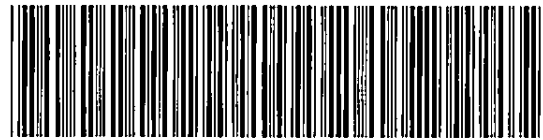
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMIGOS PROPERTY LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK A CALDWELL
Name of Person

AMIGOS PROPERTY LLC
Firm/Company

600 S. CLEVELAND - MASSILLON RD.
Address

KATLAWN Q11 44333
City/State and Zip Code

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

For further information concerning this matter, please call:

ANDREA MYERS at (330) 848-5357
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: AMIGOS PROPERTY, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000121034

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

600 S. CLEVELAND MASSILON RD.
FAIRLAWN, OH 44333

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

SAME AS ABOVE

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: MARK A. CALDWELL

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: MARK A. CALDWELL

b. No authority granted to: _____

Mark A. Caldwell
Signature of authorized representative

Mark A. Caldwell
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)