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COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT: PALS OF AMERICA LLC Name of Limited Liability Company			
			Dear Sir or
The enclosed Statement of Authority and fee(s) are submitted for filing.			
Please return	rn all correspondence concerning this matter to the	e following:	
ERNEST	TO ALEXANDER PEREIRA		
	Name of Person		
PALS OF AMERICA LLC			
	Firm/Company		
10025 N	IW 116 WAY, SUITE 17		
	Address		
MEDLEY	Y, FLORIDA 33432		
	City/State and Zip Code		
alex_pereira_stl@yahoo.com			
E-1	mail address: (to be used for future annual report	notification)	
For further i	information concerning this matter, please call:		
ERNEST	at (61 479-9161	
	Name of Person A	Lrca Code Daytime Telephone Number	
Reg Div Cli 266	FREET/COURIER ADDRESS: egistration Section vision of Corporations ifton Building 61 Executive Center Circle llahassee, 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 liab authority:	
FIRST: The name of the limited liability company is: PALS (OF AMERICA LLC
SECOND: The Florida Document Number of the limited liabilit	ty company is: L12000008452
THIRD: The street address of the limited liability company's pr 10025 NW 116 WAY, SUITE 17	incipal office is:
MEDLEY FLORIDA 33432	18 DEC 17
The mailing address of the limited liability company's 10025 NW 116 WAY, SUITE 17	
MEDLEY, FLORIDA 33432	
FOURTH: This statement of authority grants or sets limitations position of a person in a company, whether as a member, transfer person on the following: 1. May execute an instrument transferring real propert a. Granted to: ERNESTO ALEXANDE	ree, manager, officer or otherwise or to a specific by held in the name of the company.
b. No authority granted to: LUIS A. SAN	CHEZ
May enter into other transactions on behalf of, or o a. Granted to:	
b. No authority granted to: LUIS A. SAN	CHEZ
Amf.	Angel Ernesto Pereira Alvarado
Signature of authorized representative Filing Fee: \$2 Certified Copy: \$3	Typed or printed name of signature 25.00 30.00 (optional)

CR2E138 (2/14)