

L12 0000 66957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

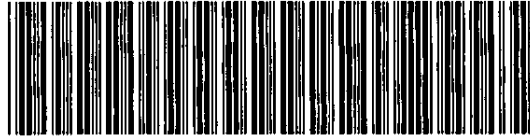
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900277700409

10/05/15--01034--012 **25.00

15 OCT -5 AM 7:07
OFFICE OF THE CLERK
STATE OF ILLINOIS
JANUARY 15 2015

OCT 06 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Niki Bryan Spas International, 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:

Ted Wettstein
Name of Person

Niki Bryan Spas International, LLC
Firm/Company

7700 Municipal Drive
Address

Orlando, FL 32819
City/State and Zip Code

ted@marilynmonroespas.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ted Wettstein at (407) 370-9343
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: Niki Bryan Spas International, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000066953

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

7700 Municipal Drive
Orlando, FL 32819

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

7700 Municipal Drive
Orlando, FL 32819

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: _____

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 M. Lewis

b. No authority granted to: _____

15 OCT -5 AM 7:07
STATE OF FLORIDA
DEPARTMENT OF REVENUE

Allen R. Weiss
Signature of authorized representative

ALLEN R WEISS
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)