L12000140788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Sellers JAN 13 2015

KELLEY VENTURES LLC
DBA Kelley Collision Center
550 NE 1st Ave.
Hallandale Beach, FL 33009

To Whom It May Concern:

Please find enclosed a check in the amount of $55.00, to include $25.00 filing fee for the Statement of Authority for Kelley Ventures LLC, and $30.00 for a certified copy.

Thank you

Kevin Kelley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KELLEY VENTURES 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:

Kevin P. Kelley
Name of Person

Kelley Ventures LLC
Firm/Company

550 NE 1st Avenue
Address

Hallandale Beach, FL 33009
City/State and Zip Code

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

For further information concerning this matter, please call:

Kevin P. Kelley at ( ) _____
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: KELLEY VENTURES LLC

SECOND: The Florida Document Number of the limited liability company is: L12000140788

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

550 NE 1st Avenue

Hallandale Beach, FL 33009

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

550 NE 1st Avenue

Hallandale Beach, FL 33009

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: n/a
   b. No authority granted to: Individual members
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
   a. Granted to : Kevin P. Kelley
   b. No authority granted to: Individual members

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of authorized representative

Kevin P. Kelley
Typed or printed name of signature

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

CR2E138 (2/14)