## 1300003151

| (Re                                     | equestor's Name)   |           |
|---|--------------------|-----------|
| (Address)                               |                    |           |
| (Ac                                     | ldress)            | ·         |
| (Ci                                     | ty/State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| (Bi                                     | isiness Entity Nan | ne)       |
| (Document Number)                       |                    |           |
| Certified Copies                        | _ Certificates     | of Status |
| Special Instructions to Filing Officer: |                    |           |
|   |                    |           |
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Office Use Only



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## **COVER LETTER**

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| imited Liability Comp                       | pany                                   |
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| submitted for filing.                       |  |
| atter to the following:                     |  |
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| ual report notification                     | 1)                                     |
| ase call:                                   |  |
| 407   | 649-6552 x 114                         |
| Area Code                                   | Daytime Telephone Number               |
| MAILING ADDRESS: Registration Section       |  |
| Division of Corporations                    |  |
| P.O. Box 6327<br>Tallahassee, Florida 32314 |  |
|   | ual report notification ase call: at ( |

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

| Pursuant to section 605.0302(1), Florida Statutes, this limited liability authority:  |                                    |
|---|------------------------------------|
| FIRST: The name of the limited liability company is: ERE Mana   | gement, LLC                        |
| SECOND: The Florida Document Number of the limited liability cor  | mpany is: L13000003151             |
| THIRD: The street address of the limited liability company's princip 2840 W. Orange Avenue  |                                    |
| Apopka, Florida 32703   |                                    |
| The mailing address of the limited liability company's prince 2840 W. Orange Avenue   | cipal office is:                   |
| Apopka, Florida 32703   |                                    |
| FOURTH: This statement of authority grants or sets limitations of at position of a person in a company, whether as a member, transferee, merson on the following:  1. May execute an instrument transferring real property hele.  Tipa M. Vapez-Calvo | d in the name of the company.      |
| a. Granted to: Tina M. Yanez-Calvo  | z-Calvo                            |
| b. No authority granted to: Manuel A. Yanez   | z-Calvo                            |
| 2. May enter into other transactions on behalf of, or otherway.  a. Granted to: Tina M. Yanez-Calvo   | vise act for or bind, the company. |
| b. No authority granted to: Manuel A. Yanez   | z-Calvo                            |
| Molis   | Tina M. Yanez-Calvo                |
| Signature of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00  |                                    |