

L13000147752

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

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MAXIPLEX, LLC**

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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: _____

MAXIPLEX,LLC

SECOND: The Florida Document Number of the limited liability company is: L13000147752

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

341 CHARROUX DRIVE

PALM BEACH GARDENS, FL 33410

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

341 CHARROUX DRIVE

PALM BEACH GARDENS, FL 33410

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: Gilles Sallette

President

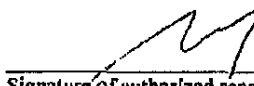
b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Joan Diffily

Vice President, Human Resources

b. No authority granted to: _____


Signature of authorized representative

Mark Nowicki, Authorized Rep

Typed or printed name of signature

Filing Fee: \$25.00

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CR2F138 (2/14)

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