

07/05/2016 11:31

(FAX)

P.001/003

7/5/2016

Division of Corporations

UBA 161359

Florida Department of State
Division of Corporations
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Account Name : GULATI LAW
Account Number : I20130000014
Phone : (407)900-5054
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S. YOUNG

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(FAX)

P.002/003

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PM ANDRADE LLC, a Florida limited liability company
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:

Tina B. Alabaugh

Name of Person

Premier Florida Title, LLC

Firm/Company

479 Montgomery Place

Address

Altamonte Springs, FL 32714

City/State and Zip Code

processor@premierfloridatitle.com

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

For further information concerning this matter, please call:

Sarah Gulati

407

900-5054

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

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TALLAHASSEE, FLORIDA

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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: PM ANDRADE LLC, a Florida limited liability c

SECOND: The Florida Document Number of the limited liability company is: L13000161359

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

4701 Ruby Red Lane

Kissimmee, FL 34746

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

8297 Champlonsgate Blvd., Sunit 515

Champlonsgate, FL 33896

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Paula F. DeAndrade

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: Matheus F. DeAndrade Melo

b. No authority granted to: _____

Paula F. DeAndrade
Signature of authorized representative



Paula F. DeAndrade
Typed or printed name of signature

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