

L14 0000 58805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

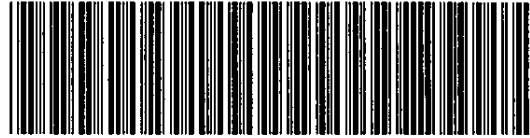
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 27 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Para Bellum Operator Training Center (PBOTC), 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:

Marianna V. Maguire

Name of Person

Para Bellum Operator Training Center (PBOTC), LLC

Firm/Company

3440 Riley Fuzzell Rd, Suite 105 #17

Address

Spring, TX 77386-2753

City/State and Zip Code

mmaguire@parabellumotc.com

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

For further information concerning this matter, please call:

Marianna V. Maguire

at (**832**) **592-7245**

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: _____

Para Bellum Operator Training Center (PBOTC), LLC

SECOND: The Florida Document Number of the limited liability company is: L14000058805

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

9221 SW 134 Place

Miami, FL 33186-1535

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

3440 Riley Fuzzell Rd

Suite 105, #17

Spring, TX 77386-2753

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.

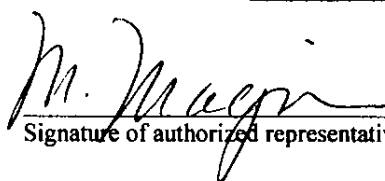
a. Granted to: Marianna V. Maguire, Stephen A. Maguire,
Leslie A. Saballos, Jennifer N. Saballos

b. No authority granted to: Note: Additional authority must be
granted by CEO to any/all MEM, MEM-MGR of PBOTC

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

a. Granted to: Marianna V. Maguire, Stephen A. Maguire,
Leslie A. Saballos, Jennifer N. Saballos

b. No authority granted to: Note: Additional authority must be
granted by CEO to any/all MEM, MEM-MGR of PBOTC


Signature of authorized representative

Marianna V. Maguire
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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16 JUN 24 PM 2:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA