

L14,000129818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

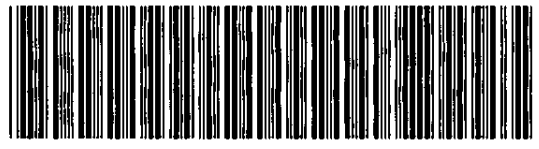
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NW 8TH AVE 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:

T. HANSEN

Name of Person

Law Office of Frank P. Saier, P.A.

Firm/Company

1701 NW 80th Blvd., Suite 102

Address

City/State and Zip Code

Gainesville, FL 32606

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

For further information concerning this matter, please call:

Theresa "T" Hansen

352 377-6111
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

CR2E138 (2/14)

*File and provide
certified copy also
Please.
Thank you!*

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: NW 8TH AVE LLC

SECOND: The Florida Document Number of the limited liability company is: L14000129818

THIRD: The street address of the limited liability company's principal office is:
1185 Harbor Rd.
Hewlett, NY 11557

The mailing address of the limited liability company's principal office is:
1701 NW 80th Blvd., Suite 102
Gainesville, FL 32606

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: Brian Kreizel and/or John Switzer


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: Brian Kreizel and/or John Switzer

b. No authority granted to: _____

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Signature of authorized representative

Brian Kreizel

Typed or printed name of signature

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