

L14 000 158177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

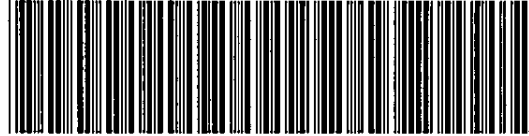
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 FEB 17 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers FEB 24 2015

# Salter-Feiber

ATTORNEYS AT LAW

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Gainesville, Florida 32635

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**JOHN C. BOVAY**

Board Certified in Wills, Trusts & Estates  
Law & Tax Law

February 12, 2015

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Statement of Authority to Articles of Organization of PNS Campbell Parcel, LLC

Dear Sir or Madam:

Enclosed please find the Statement of Authority to the Articles of Organization of the above mentioned entity, along with a check in the amount of \$25.00 for the filing fees. Once filed, please forward the documents to our office.

Thank you for your assistance.

Sincerely,



John C. Bovay

JCB:mh

cc: Kimberleigh Wynne Campbell Schneck

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PNS Campbell Parcel, 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:

John C. Bovay

\_\_\_\_\_  
Name of Person

Salter Feiber, P.A.

\_\_\_\_\_  
Firm/Company

P.O. Box 357399

\_\_\_\_\_  
Address

Gainesville, FL 32635-7399

\_\_\_\_\_  
City/State and Zip Code

neurokwc1@yahoo.com

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

For further information concerning this matter, please call:

John C. Bovay

at ( 352 ) 376-8201

\_\_\_\_\_  
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: PNS Campbell Parcel, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000158177

THIRD: The street address of the limited liability company's principal office is:  
5200 N.W. 43rd Street, Ste. 102-344

Gainesville, Florida 32606

The mailing address of the limited liability company's principal office is:  
5200 N.W. 43rd Street, Ste. 102-344

Gainesville, Florida 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: Kimberleigh Wynne Campbell Schenck

b. No authority granted to: Any one else

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

a. Granted to: Kimberleigh Wynne Campbell Schenck

b. No authority granted to: Any one else

Kimberleigh Wynne Campbell Schenck  
Signature of authorized representative

Kimberleigh Wynne Campbell Schenck  
Typed or printed name of signature

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