## L14000163748

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	ne #)
	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



700265699657

10/27/14--01004--020 \*\*145.00

2814 OCT 29 P 12: 30
SEGRETARY OF STATE
SEGRETARY OF STATE

MIN OCI 29 P 12: 38
SEGRETARY OF STATE
NALLAHASSEE. FLORIBA

FILED

B. BOSTICK

OCT 3 0 2014

ENDING FO

## HIGHTOWER LAW FIRM

119 North Palafox Street
Post Office Box 670
Pensacola, Florida 32591

(850) 549-3812-Telephone

(850) 607-2663-Facsimile

October 24, 2014

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, Florida 32314

Re: Titan Ventures Management, LLC

Document Number: L14000163748

Dear Sir or Madam:

Please find enclosed for filing with the Division the Statement of Authority for the above-referenced Florida entity. I would also like to request two (2) certified copies of the Articles of Conversion for this entity. I have enclosed this firm's check in the amount of \$145.00 for the filing fee and certified copy fees. For your convenience I have also enclosed a self-addressed, stamped envelope which you may use to return the certified copies to me.

Thank you in advance for your assistance with this matter. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

hannon Reynolds

Assistant to David E. Hightower

Enclosures

TILED 2011 OCT 29 P 12: 38 SESRETARY OF STATE

## 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: Titan Ventures Management, LLC			
SECOND: The Florida Document Number of the limited liability company is: L14000163748			
THIRD: The street address of the limited liability company's principal office is:  9 Marlborough Road			
Shalimar, Florida 32579			
The mailing address of the limited liability company's principal office is: PO Box 998			
Fort Walton Beach, Florida 32549			
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the position of a person in a company, whether as a member, transferee, manager, officer or otherwise or person on the following:			
May execute an instrument transferring real property held in the name of the company.     a. Granted to: David E. Hightower			
Kimberly S. Pennington			
b. No authority granted to:			
2. May enter into other transactions on behalf of, or otherwise act for or bind, the companies as a Granted to:			
Kimberly S. Pennington	29 F		
b. No authority granted to:	P 12: 38		
David E. Hightower  Signature of authorized representative  Typed or printed name of si	ignature		

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

CR2E138 (2/14)