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SECRETARY OF STATE
AND ASSAURT OF DRIVING

, S. `

SEP 25 2015 S. YOUNG

COVER LETTER .

TO:	Registration Section Division of Corporations	44		•	ē
SUBJ	P. Thomas Enterprises, LLC				•
SUDU.		ed Liability Com	pany		
Dear S	Sir or Madam:				
The er	nclosed Statement of Authority and fee(s) are sub	mitted for filing.			
Please	return all correspondence concerning this matter	to the following	; ;		
Joar	ı Henry				
	Name of Person		•		
Lusk	, Drasites & Tolisano, P.A.				
	Firm/Company		-		
202	Del Prado Blvd., S.				-40 =
	Address		-		三角 6
Сар	e Coral, FL 33990				图2
	City/State and Zip Code			******	MA F M
jhen	ry@westandforjustice.com				PL PH 5: 01
	E-mail address: (to be used for future annual	report notificatio	n)		意用 9
For fu	orther information concerning this matter, please of	call:			ŕ
Joan	n Henry	239	574-7	442	
	Name of Person	Area Code	Day	ime Telephon	e 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

authority		ing state	anien	1 01
FIRST:	The name of the limited liability company is: P. Thomas Enterprises, LLC	<u> </u>		
SECON	D: The Florida Document Number of the limited liability company is: L15000157070)		
	The street address of the limited liability company's principal office is: 7512 Reed			
	Papillion, NE 68133	-		
	The mailing address of the limited liability company's principal office is: 7512 Reed			
	Papillion, NE 68133	-		
position	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following: 1. May execute an instrument transferring real property held in the name of the companies. 2. Patrick S. Thomas	or to a s	specil Fi	fic
	a. Granted to: Susan J. Thomas		24	FILE
	b. No authority granted to:	FLORDA FLORDA	PH 5: 01	O
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: Patrick S. Thomas Susan J. Thomas	any.		
	b. No authority granted to:	-		
	Mella Joan Henr	И		_
Signatur	e of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	£signat	иге	