

Division of Corporations

2

LP 5000183656

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LIGHTSEY & ASSOCIATES, PA
Account Number : I20060000130
Phone : (407) 622-0025
Fax Number : (407) 622-0026

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HNTC, LLC

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From: LIGHTSEY & ASSOCIATES PA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HNTC, 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:

Virginia Manning

Name of Person

Lightsey & Associates, P.A.

Firm/Company

2105 Park Avenue North

Address

Winter Park FL 32789

City/State and Zip Code

snaran@PRMHotels.com

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

For further information concerning this matter, please call:

Virginia Manning

Name of Person

407

Area Code

622-0025 x4

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)

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15 NOV 12 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: HNTC, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000183656

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

930 N. Atlantic Ave.

Daytona Beach FL 32118

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

930 N. Atlantic Ave.

Daytona Beach FL 32118

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.

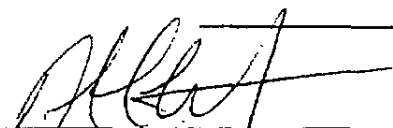
a. Granted to: Ishwar Naran, Samir Naran, both as Managers

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: Ishwar Naran, Samir Naran, both as Managers

b. No authority granted to: _____


Signature of authorized representative

Alton L. Lightsey

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA