

Jun. 6. 2016 10:09AM

No. 1011 P. 1

**L16000065478**

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 : DAVID E HIGHTOWER  
Account Number : I20060000090  
Phone : (850)549-3812  
Fax Number : (850)607-2663

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

Email Address:

john.jolan@aol.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**BTO MEDIA, LLC**

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No. 1011 P. 2 02

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BTO Media, 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:

David E. Hightower

Name of Person

Hightower Law Firm

Firm/Company

PO Box 870

Address

Pensacola, Florida 32691

City/State and Zip Code

johnjtolan@aol.com

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

For further information concerning this matter, please call:

David Hightower

850

649-3812

Name of Person

at (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)

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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: BTO Media, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000065438

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

764 Peakes Point Drive  
Gulf Breeze, Florida 32561

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

764 Peakes Point Drive  
Gulf Breeze, Florida 32561

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.

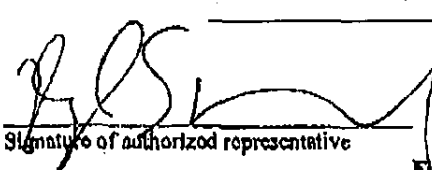
a. Granted to: John J. Tolan  
Doug Bunze

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: John J. Tolan  
Doug Bunze

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Doug Bunze  
Typed or printed name of signature

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

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