Division of Corporations Electronic Filing Cover Sheet

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To:

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Fax Number : (850)617-6383

From:

Account Name : PAVESE LAW FIRM
Account Number : 120130000057
Phone : (239)334-2195
Fax Number : (239)332-2243

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAV HOLDINGS, LLC

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Corporate Filing Menu

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COVER LETTER

TO:

Registration Section Division of Corporations

| PAV Holdings, LLC | | |
|--|------------------------|--------------------------|
| | nited Liability Com | pany |
| Dear Sir or Madam: | | |
| The enclosed Statement of Authority and fee(s) are s | ubmitted for filing. | |
| Please return all correspondence concerning this mat | ter to the following | : |
| Charles Mann | | |
| Name of Person | | |
| Pavese Law Firm | | |
| Firm/Company | | |
| 1833 Hendry Street | | |
| Address | | |
| Fort Myers, FL 33901 | | |
| City/State and Zip Code | | |
| charlesmann@paveselaw.com | | |
| E-mail address: (to be used for future annua | al report notification | n) |
| For further information concerning this matter, please | e call: | |
| Charles Mann | 239 | 336-6242 |
| 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, Fiorida 32314

CR2E138 (2/14)

STATEMENT OF AUTHORITY

| Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statem authority: | ent of |
|---|--------|
| FIRST: The name of the limited liability company is: PAV Holdings, LLC | |
| SECOND: The Florida Document Number of the limited liability company is: L16000117198 | |
| THIRD: The street address of the limited liability company's principal office is: 1833 Hendry Street | |
| Fort Myers, FL 33901 | |
| The mailing address of the limited liability company's principal office is: 1833 Hendry Street | |
| Fort Myers, FL 33901 | |
| FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a speperson on the following: 1. May execute an instrument transferring real property held in the name of the companyon. a. Granted to: Charles Mann ** Please see attached list of members b. No authority granted to: ** Please see attached list of members | eific |
| 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: Charles Mann | |
| b. No authority granted to: ** Please see attached list of members | |
| Signature of authorized representative Typed or printed name of signature | |
| Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) | |

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ADDENDUM TO STATEMENT OF AUTHORITY

- **No authority granted to: Charles Capps, Chris Shields, Diane Jensen, William Haverfield, Neale Montgomery, Steve Hartsell, Katherine English, Mary Snell, Christina Schwinn, Keith Hagman, Eric Mollna, Irene Quincey, Frank Payese, Jr. Alison Hussey
- b. **No authority granted to: <u>Charles Capps, Chris Shields, Diane Jensen, William Haverfield, Neale Montgomery, Steve Hartsell, Katherine English, Mary Snell, Christina Schwinn, Keith Hagman, Eric Molina, Irene Quincey, Frank Pavese, Jr. Alison Hussey</u>

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