• · · · ·

Lou Ann Rutkowski Crary-Buchanan **Division of Corporations**

(2/4) 08/05/2016 01:34:20 PM -0400 Page 1 of 2

£.,



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000191568 3)))



H160001915683ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

·····

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

From:

| Account Name | : | CRARY, BUCHANAN, | BOWDISH, | ΕT | AL |
|----------------|---|------------------|----------|----|----|
| Account Number | : | 076424001425 | | | |
| Phone | : | (772)287-2600 | | | |
| Fax Number | : | (772)287-0115 | | | |

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

| | | ECRETA LLAHAS | 5 AUG | لد. | | |
|-------|---------|------------------|--|------------|--------|------|
| | PM 1:42 | | LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NAT'L RETAIL MERCHANDISERS, LLC | Fish | -5 W 9 | ILED |
| ÷ | ų | 20 20 20 | Certificate of Status 0 | ON . | Ö | |
| | 5 | | Certified Copy 0 | (| 9 | |
| | S AUG | | Page Count 02 | | | |
| - سون | 2016 | | Estimated Charge \$25.00 | | | |

......

Electronic Filing Menu-Corporate Filing Menu Help

Lou Ann Rutkowski Crary-Buchanan

(3/4) 08/05/2016 01:35:09 PM -0400

(((H16000191568 3))) COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Nat'l Retail Merchandisers, 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:

Christopher M. DeSantis

Name of Person

DeSantis Enterprises, LLC

Firm/Company

1540 SW St. Andrews Drive

Address

Palm City, Florida 34990

City/State and Zip Code

cdesantis01@comcast.net

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

For further information concerning this matter, please call:

W. Scott Turnbull 772 287-2600 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, Florida 32314 1001

00

5

SG

ݦ

09

CR2E138 (2/14)

Lou Ann Rutkowski Crary-Buchanan

.

. . .

11 J.

(((H16000191568 3)))

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: Nat'l Retail Merchandisers, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000118993

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

1540 SW St. Andrews Drive

Palm City, Florida 34990

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

1540 SW St. Andrews Drive

Palm City, Florida 34990

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:

| ι. | May ex | ecute an instrument tra | | | in the name of the co | mpany, | SEC | 16 | |
|--------------|------------|--------------------------|-------------------------------|------------------------|--------------------------|------------|---------|--------|-----|
| | 8. | Granted to: Christo | | | | | RET | 2014 | וד |
| | | | | | | | SSEE | Υ. | |
| | b. | No authority granted | to: | | | <u> </u> | E E S | WA | 0 |
| | | | | | | | ORIC | ې ص | |
| 2, | May er | ter into other transacti | | | ise act for or bind, the | сотрапу | ,ד | 60 | • • |
| | 8. | Granted to : | opher M. De | Santis | <u></u> | | | | |
| | | | <u> </u> | | | ******* | | | |
| | Ъ. | No authority granted | to; | <u> </u> | | | | | |
| /: | , | | - <u></u> | | | - <u></u> | | | |
| <u> </u> | 1 | antes | _ | | Christopher M. | | | | |
| a ignäture (| er authori | S - 4-16 | Filing Fee: Certified Copy | \$25.00 : \$30.00 (| Typed or printed n | ame of sig | gnature | | |

CR2E138 (2/14)