

L16000154269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

M. MILLIGAN
DEC 05 2016

COVER LETTER

TO: Registration Section
Division of Corporations

ADVANCED NANOFIBERS LLC

SUBJECT: _____
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:

Check enclosed

SHARON ANSON

Name of Person

Firm/Company

4300 N. OCEAN BLVD., UNIT 2

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

SHARONANSON@GMAIL.COM

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

For further information concerning this matter, please call:

SHARON ANSON

561

777-5346

at (_____) _____

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

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: ADVANCED NANOFIBERS LLC

SECOND: The Florida Document Number of the limited liability company is: L16000154269

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

4300 N. OCEAN BLVD.

UNIT 6

DELRAY BEACH, FL 33483

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

4300 N. OCEAN BLVD.

UNIT 6

DELRAY BEACH, FL 33483

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.

ANB ENTERPRISES, LLC, a Florida limited

- a. Granted to: liability company

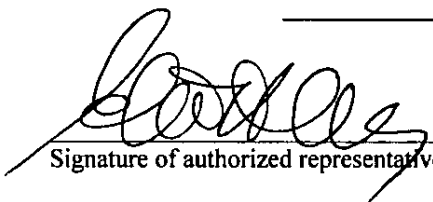
- b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

ANB ENTERPRISES, LLC, a Florida limited

- a. Granted to: liability company

- b. No authority granted to: _____


Signature of authorized representative

Sharon H. Anson

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)