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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

	egistration Section livision of Corporations						
eun ieca	Daybreak Automotive, LLC						
SUBJECT: Name of Limited Liability Company							
Dear Sir o	r Madam:						
The enclos	sed Statement of Authority and fee(s) are	submitted for filing.					
Please retu	irn all correspondence concerning this m	atter to the following:					
Hunter I	Livingston						
	Name of Person						
Daybrea	ak Automotive, LLC						
	Firm/Company						
545 Flo	rida Blvd.						
	Address						
Neptune	e Beach, FL 32266						
	City/State and Zip Code						
hunter@	daybreakautomotive.com						
E	-mail address: (to be used for future ann	ual report notification)				
For further	information concerning this matter, plea						
Hunter I	Livingston	850	572-3233				
	Name of Person	Area Code	572-3233 Daytime Telephone Number				
R	TREET/COURIER ADDRESS: egistration Section	MAILING ADDRESS: Registration Section					

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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 subauthority:	
FIRST: The name of the limited liability company is: Daybreak Automotive	e, LLC
SECOND: The Florida Document Number of the limited liability company is: L16	6000205521
THIRD: The street address of the limited liability company's principal office is: 545 Florida Blvd.	
Neptune Beach, FL 32266	
The mailing address of the limited liability company's principal office is 545 Florida Blvd.	:
Neptune Beach, FL 32266	
FOURTH: This statement of authority grants or sets limitations of authority on all position of a person in a company, whether as a member, transferee, manager, offic person on the following: 1. May execute an instrument transferring real property held in the name a. Granted to: Hunter Livingston	er or otherwise or to a specific
b. No authority granted to:	STATE LORIDA
2. May enter into other transactions on behalf of, or otherwise act for or a. Granted to: Hunter Livingston	
b. No authority granted to:	
Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	printed name of signature
6	15-2017

	Nº 004434	$\lambda \in \mathcal{L}$	***************************************	```````	Flabilit Co.
DEPARTMENT (Km)		Date:	Oollars \$ 25		7
FLORIDA DEPARTM			or the following: Despoy A 1 1 00 / Dollars \$ 25 00	J. Somotor	
	RECEIVED FROM. H.	he sum of Indent I Inter	or the following:		

for Segretary of State

All receipts issued and papers filed subject to clearing and final payment of remittance check. THIS MONEY PAID INTO THE STATE TREASURY