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C. GOLDEN SEP 1 8 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

707 Associates, LLC				
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				Art of Inc. File
			_	LTD Partnership File
				Foreign Corp. File
			1	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
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				Fictitious Search
Signature				Fictitious Owner Search
			<u> </u>	Vehicle Search
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ton Street		
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Klitenick, PA		
Name of Person		_
Klitenick, Esq.		
an correspondence concerning	g this matter to the following	ng:
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	e(s) are submitted for filin	a
Madam:	·	• •
Nar	me of Limited Liability Co	ompany
707 ASSOCIATES, LLC		
ision of Corporations		
	707 ASSOCIATES, LLC National Madam: I Statement of Authority and feall correspondence concerning Clitenick, Esq. Name of Person Clitenick, PA Firm/Company on Street Address L 33040 City/State and Zip Code cpa.com nail address: (to be used for fut	707 ASSOCIATES, LLC Name of Limited Liability Co Madam: I Statement of Authority and fee(s) are submitted for filin all correspondence concerning this matter to the followin Clitenick, Esq. Name of Person Clitenick, PA Firm/Company on Street Address L 33040 City/State and Zip Code cpa.com nail address: (to be used for future annual report notification of the concerning this matter, please call: Clitenick 305 at (

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

authority	/ :			•	company submits the follo	owng staten		•	,
FIRST:	The name o	f the limited liability	company is:	ASSOCIA	TES, LLC	2020 \$.	17	_ Aii	10: 11
SECON	D: The Flor	ida Document Numl	per of the limited li	iability com	pany is:			_	
THIRD:	The street a	address of the limite	d liability company	y's principa	l office is:				
	KEY WEST	Γ, FL 33040				_			
		ng address of the lim M. Klitenick, PA	ited liability comp	any's princ	pal office is:	_			
	1009 Simon	iton Street							
	Key West, I	FL 33040				_			
person o	n the followi	ecute an instrument Granted to:	M. Klitenick		in the name of the compa	any. 			
	Ь.	No authority grante	ed to:			_			
	2. May er		rd M. Klitanick		se act for or bind, the con	mpany.			
	b.	No authority grante	ed to:			-			
g:	AM.		<u> </u>		Norman K. A. Hoffer				
Signatur	e of authomz	ed representative	Filing Fee: Certified Cop	\$25.00 y: \$30.00 (Typed or printed name optional)	of signature	:		

CR2E138 (2/14)