

1/3/2018



Florida Department of State

 Division of Corporations
 Electronic Filing Cover Sheet

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To:

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

From:

 Account Name : CONTEGA BUSINESS SERVICES, LLC
 Account Number : I20060000142
 Phone : (904)301-1269
 Fax Number : (904)301-1279

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

Email Address: _____

 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 CERTUS TRD MGR LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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JAN - 4 2018

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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: CERTUS TRD MGR LLC

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

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

1400 POINSETTIA AVE

ORLANDO, FL 32804

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

1400 POINSETTIA AVE

ORLANDO, FL 32804

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.


a. Granted to: Troy M. Cox

b. No authority granted to: _____

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

a. Granted to: Troy M. Cox and Glen Pawlowski

b. No authority granted to: _____


Signature of authorized representative

Troy M. Cox, Authorized Rep

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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