

01/22/2018

11:10 Driver and McAfee

(FAX)904 301 1279

P.001/002

1/22/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L180000252753**

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To:

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

From:

Account Name : CONTEGA BUSINESS SERVICES, LLC  
Account Number : 120060000142  
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 PNR OWNER LLC**

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JAN 23 2018  
**J. HARRIS**

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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 PNR OWNER LLC

**SECOND:** The Florida Document Number of the limited liability company is: L18000005568

**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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