

1/23/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L180000026927

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000026927 3)))



H180000269273ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 DNL OPCO LLC**

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

RECEIVED

JAN 23 2018

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 24 2018
J. HARRIS

H18000026927 3

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 DNL OPCO LLC

SECOND: The Florida Document Number of the limited liability company is: L18000006967

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)

CR2E138 (2/14)

H18000026927 3