18000178732

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nar	ne)
(De	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations			
Move America Asset Develo	pment & Manag	gement LLC	
	imited Liability Con	npany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are	submitted for filing	,	
Please return all correspondence concerning this ma	atter to the following	g:	
Cevdet Dal			
Name of Person		_	
Move America Asset Development & N	/lanagement LL	.c	
Firm/Company		_	
4400 N Federal Hwy; Suite 210-29			
Address		_	
Boca Raton FL 33431			-
City/State and Zip Code		_	* -
selim@dpninternational.com			25.32
E-mail address: (to be used for future annu	ual report notification	on)	
For further information concerning this matter, plea	ise call:		
Selim Apaydin	516	236-0037	

STREET/COURIER ADDRESS:

Name of Person

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

MAILING ADDRESS:

Area Code

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

Daytime Telephone Number

CR2E138 (2/14)

Statement of Authority

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following authority:	ig statement of
FIRST: The name of the limited liability company is: Move America Asset Develoment	&
Management LLC	- "
SECOND: The Florida Document Number of the limited liability company is: L 18000178732	
THIRD: The street address of the limited liability company's principal office is: 4400 N Federal Hwy	
Suite 210-29	
Boca Raton FL 33431	
The mailing address of the limited liability company's principal office is: 4400 N Federal Hwy	
Suite 210-29	
Boca Raton FL 33431	
position of a person in a company, whether as a member, transferee, manager, officer or otherwise of person on the following: 1. May execute an instrument transferring real property held in the name of the company: a. Granted to:	9 MAY
b. No authority granted to:	
May enter into other transactions on behalf of, or otherwise act for or bind, the compara. Granted to:	ny.
b. No authority granted to:	
Cevet Dal	
Signature of authorized representative Typed or printed name of s Filing Fee: \$25.00	ignature

Certified Copy: \$30.00 (optional)