L2000039377

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TO:

Registration Section

Division of Corporations	
129 East Government, LLC SUBJECT:	
Name of Limited Liability Compa	ny
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Harold L. Dell	
Name of Person	
129 East Government, LLC	
Firm/Company	
129 East Government Street	
Address	
Pensacola, Florida 32502	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
HARAS LYNN DOLL at	<i>950 - 332-568</i> 7
Name of Person Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS: Registration Section

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

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the folloauthority:	owing statement of
FIRST: The name of the limited liability company is: 129 East Government, LLC	
SECOND: The Florida Document Number of the limited liability company is: L200000393	377
THIRD: The street address of the limited liability company's principal office is: 129 E. Government Street	
Pensacola, Florida 32502	-
The mailing address of the limited liability company's principal office is: 129 E. Government Street	
Pensacola, Florida 32502	
FOURTH: This statement of authority grants or sets limitations of authority on all persons hav position of a person in a company, whether as a member, transferee, manager, officer or otherwiperson on the following: 1. May execute an instrument transferring real property held in the name of the comp a. Granted to: Harold L. Dell	se or to a specific
b. No authority granted to:	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the cora. Granted to: Harold L. Dell	mpany.
b. No authority granted to:	_
Harold L. Dell	_

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Typed or printed name of signature