

K21000100577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

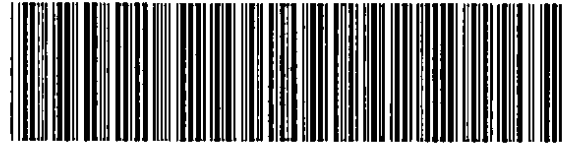
(Business Entity Name)

(Document Number)

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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: Palma Alta Investments LLC

SECOND: The Florida Document Number of the limited liability company is: 1.21000100577

THIRD: The street address of the limited liability company's principal office is:
915 Innovation Way, #300, Altamonte Springs, FL 32714

The mailing address of the limited liability company's principal office is:
915 Innovation Way, #300, Altamonte Springs, FL 32714

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: Mary Carolyn Miller

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: Mary Carolyn Miller

b. No authority granted to: _____

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Signature of authorized representative

Cesar Montas

Typed or printed name of signature

Filing Fee: \$25.00
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