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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
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(100	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to Filing Officer:		
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Paxton Marketing, LLC		
	Name of Limited Liability Company		
Dear S	ir or Madam:		
The en	closed Statement of Authority and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
Kalen	Paxton	70	2022 HAY
	Name of Person	(= 77) (= 17) (= 17)	
Paxto	n Marketing, LLC	20 m	8
	Firm/Company	• :	PHI
1890	S. 14th St., Suite 102	:	12: 28
	Address	t * i	8
Ferna	ndina Beach, FL 32034		
	City/State and Zip Code		
kalen	@paxtonautogroup.com		
	E-mail address: (to be used for future annual report notification)		
For fu	ther information concerning this matter, please call:		
Kalen	Paxton 877 300-1555		
	Name of Person Area Code Daytime Telep	ilione Number	

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to a	section 605.0302(1), Fiorida Statutes, this limited liability company submits the following	g statement o
FIRST: Th	he name of the limited liability company is: Paxton Marketing, LLC	
SECOND:	The Florida Document Number of the limited liability company is: L22000162528	
	The street address of the limited liability company's principal office is: 943 Citron Dr.	
Fe	ernandina Beach, FL 32034	2022 M SECR
	The mailing address of the limited liability company's principal office is: 943 Citron Dr.	2022 MAY 18 PH SEGRETARY R
Fe	ernandina Beach, FL 32034	112: 28 2: 2: 28
1.	May execute an instrument transferring real property held in the name of the company. a. Granted to: Kalen Paxton	
	b. No authority granted to:	
2.	May enter into other transactions on behalf of, or otherwise act for or bind, the compara. Blake E. Paxton Kalen Paxton	ıy.
	b. No authority granted to:	
Blat	(OEPLA) Blake E. Paxton	
Signature of	of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	ignature

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