# L22 000 384 454

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# COVER LETTER

TO:	Registration Section Division of Corporations		t	,	
SUBJI					
	Name of Limited Li	ability Compa	ny		
Dear S	ir or Madam:				
The en	closed Statement of Authority and fee(s) are submitte	d for filing.			
Please	return all correspondence concerning this matter to th	e following:			
Christi	ina C Wortman				
	Name of Person				
NAM	TROW INVESTMENTS, LLC				
	Firm/Company				
11300	Veal Road				
	Address				
Panam	a City, FL 32404				
-	City/State and Zip Code			. ~	
bwein	voices@gmail.com			2024 JUH 28 SEGRETAR TALLAHA	جر بر ان ان
	E-mail address: (to be used for future annual report	notification)			* () - 12.127 - 12.127
For fur	ther information concerning this matter, please call:			10° m (°	<del></del>
Christ	na C Wortman 8	50 5	527-6121	SSEE OF THE	) arm
		Area Code	Daytime Teler	nhone Number 5	

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

# STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited authority:					
FIRST: The name of the limited liability company is:  NAMTROW INVESTMENTS, LLC  SECOND: The Florida Document Number of the limited liability company is:  L22000384454					
Panama City, FL 32404					
11300 Veal Road	The mailing address of the limited liability company's principal office is: 1300 Veal Road				
Panama City, FL 32404					
FOURTH: This statement of authority grants or sets limitati position of a person in a company, whether as a member, tran person on the following:  1. May execute an instrument transferring real programment a. Granted to:    Benjamin Wortman   Benjamin   Benjamin   Benjamin   Ben	perty held in the name of the company.				
b. No authority granted to:	28 4337				
May enter into other transactions on behalf of, of a. Granted to:    Benjamin Wortman	or otherwise act for or bind, the company.				
b. No authority granted to:	b. No authority granted to:				
Wirking C. Worman	Christina C. Wortman				
Signature of authorized representative Filing Fee: Certified Copy:	Typed or printed name of signature \$25.00 (optional)				

CR2E138 (2/14)