L23000145880

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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

	Division of Corporations	D14 1.1.C	
SUBJE			
	Name of I	Limited Liability Comp	pany:
Dear S	r or Madam:		
The en-	closed Statement of Authority and fee(s) ar	e submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
KENN	ETH GREIF		
	Name of Person		
TERP:	S ACQUISITIONS MARIANNA LLC		
	Firm/Company		
21088	HAMLIN DRIVE		
	Address		
BOCA	RATON, FL 33433		
	City/State and Zip Code		
GREI	TERPS@GMAIL.COM		
	E-mail address: (to be used for future an	nual report notification)
For fur	ther information concerning this matter, pl	ease call:	
KENN	ETH GREIF	917 at ()	838-6000
	Name of Person	Area Code	Daytime Telephone 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

STATEMENT OF AUTHORITY

	: :		TEDDS ACC	NURSITIONS MAD	HANNA LI C	•
TRST:	The name o	of the limited liability compan	y is:	VOISTAIONS MAIN	CIANTA LLC	
ECON	D: The Flor	rida Document Number of the	limited liability c	ompany is: L23000	0145880	
HIRD:		address of the limited liability MLIN DRIVE	company's princ	ipal office is:		
	BOCA RA	TON. FL 33433				
		ng address of the limited liabi	lity company's pr	incipal office is:		he status or r to a specific
	BOCA RA	TON, FL 33433				27.0
OURT osition	H: This stat	tement of authority grants or sin a company, whether as a m	sets limitations of ember, transferee,	authority on all per manager, officer o	rsons having to to otherwise o	he status or
osition erson o	of a person i n the followi	in a company, whether as a ming: ccute an instrument transferri KENNETH GR	ember, transferee, ng real property h	manager. officer of	the company.	-
osition erson o	of a person in the following the following in the followi	in a company, whether as a ming: ecute an instrument transferri	ember, transferee, ng real property h EIF	manager. officer o	the company.	-
osition erson o	of a person in the following t	in a company, whether as a ming: ecute an instrument transferri Granted to: KENNETH GR	ember, transferee, ng real property h EIF behalf of, or othe	manager. officer o	the company.	
osition erson o	of a person in the following t	in a company, whether as a ming: ecute an instrument transferri Granted to: KENNETH GR No authority granted to:	ember, transferee, ng real property h EIF behalf of, or othe	manager. officer of eld in the name of	d. the compan	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

Registration Section

TO:

COVER LETTER

Division of Corporations
TERPS ACQUISITIONS MARIANNA LLC SUBJECT:
Name of Limited Liability Company
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:
KENNETH GREIF
Name of Person
TERPS ACQUISITIONS MARIANNA LLC
Firm/Company
21088 HAMLIN DRIVE
Address
BOCA RATON, FL 33433

For further information concerning this matter, please call:

City/State and Zip Code

Name of Person Person Person Person Person Sale-6000

Area Code Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

Mailing Address:

GREIF.TERPS@GMAIL.COM

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 authority	to section 605.0302(1), Florida Statutes,	, this limited liability	company submits the follo	wing statement of
FIRST:	The name of the limited liability compa	ny is: TERPS ACQU	JISITIONS MARIANNA I	LLC
SECON	D: The Florida Document Number of th	e limited liability co	mpany is:	
THIRD	The street address of the limited liability 21088 HAMLIN DRIVE	ty company's princip	oal office is:	
	BOCA RATON, FL 33433			-
	The mailing address of the limited liab	oility company's prin		100 HO 22
	BOCA RATON, FL 33433			
	of a person in a company, whether as a menthe following: 1. May execute an instrument transferm a. Granted to: KENNETH GR	ring real property he	·	·
	b. No authority granted to:			_
	May enter into other transactions o a. Granted to: KENNETH (wise act for or bind, the con	npany.
	b. No authority granted to:			
	Docusigned by: Sunneth Grif		KENNETH GREIF	
Signatur		ng Fee: \$25.00 tified Copy: \$30.00		of signature