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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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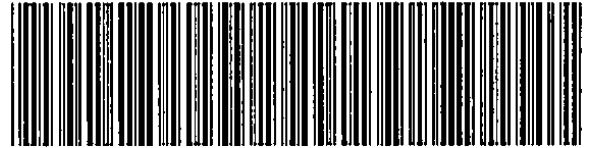
(Business Entity Name)

(Document Number)

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Submitted  
at  
Authority

2021 JAN 14 AM 9:42

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAXSON LLC

*Name of Limited Liability Company*

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

DEVON W. PAXSON and ROSLYCK C. PAXSON

*Name of Manager*

PAXSON LLC

*Name of Company*

2240 Bay Village Court

*Address of Company*

Palm Beach Gardens, FL 33410

*City/State and Zip Code*

manuelolivier@aol.com

*E-mail Address of Manager*

For further information concerning this matter, please call:

Tiffany Pride at 941-627-1000 Ext:2016

**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

This instrument Prepared By and Return To:  
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM  
John L. Wideikis, Esq.  
3195 S. Access Road  
Englewood, FL 34224  
2020-51947JLW

## POST DISSOLUTION STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 13 day of January, 2020, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

**FIRST:** The name of the limited liability company is: **PAXSON LLC, a Florida Limited Liability Company**

**SECOND:** The Florida Document Number of the limited liability company is: **57-1156092**

**THIRD:** The street address of the limited liability company's principal office is: **2240 Bay Village Court, Palm Beach Gardens, FL 33410**

The mailing address of the limited liability company's principal office is: **2240 Bay Village Court, Palm Beach Gardens, FL 33410**

**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 matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
  - a. Granted to: **DEVON W. PAXSON and ROSLYCK C. PAXSON**, as Managers.
  - b. No authority granted to:
2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.
  - a. Granted to: **DEVON W. PAXSON and ROSLYCK C. PAXSON**, as Managers.
  - b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein.

  
\_\_\_\_\_  
Signature of authorized representative

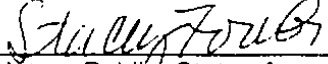
DEVON W. PAXSON, as Manager  
Printed name and position title

  
\_\_\_\_\_  
Signature of authorized representative

ROSLYCK C. PAXSON, as Manager  
Printed name and position title

STATE OF Florida  
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me by means of ☒ physical presence or \_\_\_\_\_ online notarization, this 5 day of January, 2021 by DEVON W. PAXSON and ROSLYCK C. PAXSON, as Managers of PAXSON LLC, a Florida Limited Liability Company, who is/are personally known to me or who has/have produced FL DRIVERS LICENSE as identification and who did take an oath. s identification and who did take an oath.

  
\_\_\_\_\_  
Notary Public, State of  
My Commission Expires: 10/05/2021  
(Seal)

