

L08000020055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S. YOUNG

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TALLAHASSEE, FLORIDA  
16 AUG -4 AM 11:00

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SJE Emergency Medicine PL  
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:

Sarah J. Eletto  
Name of Person

c/o Strang Adams PA  
Firm/Company

1130 Washington Ave Third Fl  
Address

Miami Beach FL 33139  
City/State and Zip Code

JStrang@StrangLaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah J. Eletto at (516) 526 3324  
Name of Person Area Code Daytime Telephone Number

**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

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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: SJE Emergency Medicine PC

SECOND: The Florida Document Number of the limited liability company is: LO8000020055

THIRD: The street address of the limited liability company's principal office is:

C/O Strang Adams PA  
1130 Washington Ave Third Fl  
Miami Beach FL 33139

The mailing address of the limited liability company's principal office is:

C/O Strang Adams PA  
1130 Washington Ave Third Fl  
Miami Beach FL 33139

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: Sarah J. Eletto or  
Jodi L. Strang

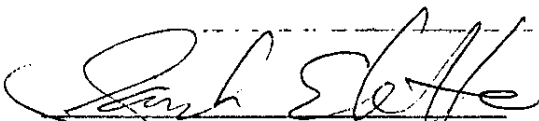
b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Sarah J. Eletto or  
Jodi L. Strang

b. No authority granted to: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
AUG - 4 AM 11:01

  
Signature of authorized representative

Sarah J. Eletto  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)