

108000049835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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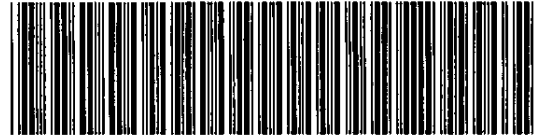
(Business Entity Name)

(Document Number)

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SIMPSON COUNTY

FEB 14 2017  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**311 SEA MONARCH 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:

**Paul N. Schlemmer**

\_\_\_\_\_  
Name of Person

**The Schlemmer Firm, LLC**

\_\_\_\_\_  
Firm/Company

**830 Third Avenue, 5th Floor**

\_\_\_\_\_  
Address

**New York, NY 10022**

\_\_\_\_\_  
City/State and Zip Code

**paul@schlemmerfirm.com**

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

For further information concerning this matter, please call:

**Paul N. Schlemmer**

**212**

**390-8030**

at ( \_\_\_\_\_ )

\_\_\_\_\_  
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

**STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**311 SEA MONARCH LLC**

**FIRST:** The name of the limited liability company is: \_\_\_\_\_

**L08000049835**

**SECOND:** The Florida Document Number of the limited liability company is: \_\_\_\_\_

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

**111 N. Pompano Beach Blvd. #313**

**Pompano Beach, FL 33062**

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

**111 N. Pompano Beach Blvd. #313**

**Pompano Beach, FL 33062**

**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.

**Paul N. Schlemmer**

a. Granted to: \_\_\_\_\_

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

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

**Paul N. Schlemmer, Fredric N. Schlemmer**

a. Granted to: \_\_\_\_\_

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

17 FEB 10 AM 10:20

FILED



Signature of authorized representative

**Paul N. Schlemmer, Trustee**

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)