L1300003700S

(Requ	estor's Name)		
(Addre	ess)		
(Addre	ess)		
(City/S	State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Busir	ness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



500284561485

04/21/16--01015--011 **25.00

FILED PI 2.45
SECTION SEE PLUM.

COVER LETTER

Division of Corporations	*
CHI PROPERTIES 01 LLC	
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:	
MANUEL NOVODZELSKY STABINSKY	يار من السم
Name of Person	ALL SECT
CHI PROPERTIES 01 LLC	APR 21
Firm/Company	
501 GOLDEN ISLES DRIVE STE 206E	PM 2: 45 F STARE FLORIDA
Address	\$\frac{1}{5}
HALLANDALE BEACH, FL, 33009	
City/State and Zip Code	
NSMANUEL@HOTMAIL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MANUEL NOVODZELSKY 954 663-72-37	•
Name of Person at () Area Code Daytime T	elephone 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

authority		/ing state	ment	DI
FIRST:	The name of the limited liability company is: CHI PROPERTIES 01 LLC			
SECON	D: The Florida Document Number of the limited liability company is: 46-2262276			
	The street address of the limited liability company's principal office is: 501 GOLDEN ISLE DRIVE STE 206E	-= ¹ 00	*.3	
	HALLANDALE BEACH, FL, 33009	HLL MANSE	∪ APR	Т
	The mailing address of the limited liability company's principal office is: 501 GOLDEN ISLE DRIVE STE 206E	SEE, PLO	21 111 2	. I. U.
	HALLANDALE BEACH, FL, 33009	\$,#	5	
position	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following: 1. May execute an instrument transferring real property held in the name of the compana. Granted to: MANUEL NOVODZELSKY STABINSKY OR JAIME NOVODZELSKY STABINSKY	or to a sp		;
	b. No authority granted to:	-		
	May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: MANUEL NOVODZELSKY STABINSKY OR	- oany. -		
	b. No authority granted to:	. , . -	·	
	Manuel Mouod e of authorized representative Typed or printed name of	Jzelsv	<u>/</u>	

Filing Fee:

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

CR2E138 (2/14)