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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers MAY 06 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CM PARIS, 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:

Zachary O. Bazara, Esq.

Name of Person

Angelo & Banta, P.A.

Firm/Company

515 East Las Olas Boulevard, Suite 850

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

zob@angelolaw.com

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

For further information concerning this matter, please call:

Zachary O. Bazara

Name of Person

at ( 954 ) 766-9930

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:

**FIRST:** The name of the limited liability company is: CM PARIS, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L13000077872

**THIRD:** The street address of the limited liability company's principal office is:  
3031 N.E. 42ND STREET  
FORT LAUDERDALE, FLORIDA 33308

The mailing address of the limited liability company's principal office is:  
3031 N.E. 42ND STREET  
FORT LAUDERDALE, FLORIDA 33308

**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.

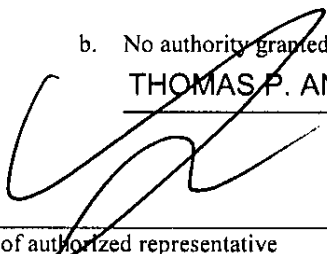
a. Granted to: STEVEN MARTORANO

b. No authority granted to: DEBORAH MARTORANO  
THOMAS P. ANGELO

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

a. Granted to: STEVEN MARTORANO

b. No authority granted to: DEBORAH MARTORANO  
THOMAS P. ANGELO

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

THOMAS P. ANGELO  
\_\_\_\_\_  
Typed or printed name of signature

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15 APR 30 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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