



**COHEN • KOTLER**

**Attorneys at Law**

Established 1984

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Edward B. Cohen • David C. Kotler • Michael I. Kotler\*

\*Also admitted in District of Colombia and Pennsylvania

August 19, 2015

**Sent Via Certified Mail - 7015 1520 0003 3742 7515 -**

**Return Receipt Requested**

**USPS Tracking Number 9590 9401 0011 5205 6893 38**

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

Re: Angelo & Marco, LLC - Statement of Authority  
Our File Number: 36-1198-3

Dear Sir/Mam:

Enclosed please find our law firm's checks totaling the amount of Twenty Five Dollars (\$25.00) for the filing of the enclosed Statement of Authority for the above referenced limited liability company. Please file the Statement of Authority and return a filed copy to our office in the enclosed self addressed stamped envelope. Thank you for your assistance with this matter.

Very truly yours,



Michael I. Kotler

MIK/jk  
Encl.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Angelo & Marco 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:

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

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

\_\_\_\_\_  
Address

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

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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: Angelo & Marco LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000129963

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

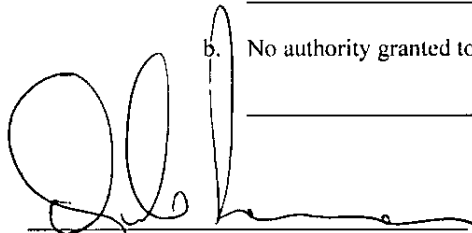
a. Granted to: \_\_\_\_\_

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: Angelo Romano, Manager

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

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

ANGELO ROMANO  
\_\_\_\_\_  
Typed or printed name of signature

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

FILED  
15 AUG 25 PM 1:25  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA