

L11000020836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Universal Funding LLC⁹
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:

Mitchel Sutin

Name of Person

Universal Funding LLC

Firm/Company

3530 Mystic Pointe Drive , Suite 2004

Address

Aventura , Florida , 33180

City/State and Zip Code

sutinm@atlanticbb.net

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

For further information concerning this matter, please call:

Mitchel Sutin

Name of Person

at (

917

Area Code

952-2916

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: Universal Funding LLC

SECOND: The Florida Document Number of the limited liability company is: L01000020836

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

3530 Mystic Pointe Drive , Suite 2004

Aventura , Florida 33180

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

3530 Mystic Pointe Drive, Suite 2004

Aventura, Florida , 33180

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: Mr. Mitchel Sutin, MGR

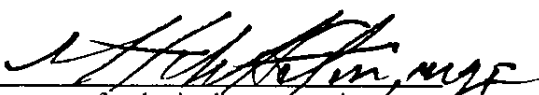
b. No authority granted to: Daniel Sutin. Member

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

a. Granted to: Mr. Mitchel Sutin

b. No authority granted to: Daniel Sutin. Member

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Signature of authorized representative

Mitchel Sutin
Typed or printed name of signature

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