

L04 000047866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

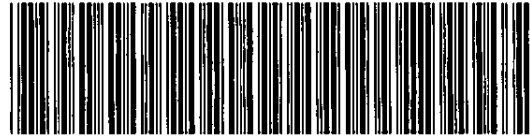
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAY - 7 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COHEN • KOTLER

Attorneys at Law

Established 1984

54 SW Boca Raton Boulevard • Boca Raton, Florida 33432 • Phone : 561-361-9600 • Fax: 561-361-9770
E-Mail: mkotler@cohenkotler.com Web: www.CohenKotler.com

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

*Also admitted in District of Colombia and Pennsylvania

May 6, 2015

Sent Via Federal Express 7735 2829 4559

Return Federal Express 7901 6394 1411

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

Re: The South Ocean Group, LLC - Statement of Authority
Our File Number: 36-842-8

Dear Sir/Mam:

Enclosed please find our law firm's checks totaling the amount of Fifty Five Dollars (\$55.00) for the filing of the enclosed Statement of Authority and for issuance of the certified copy for the above referenced limited liability company. Please file the Statement of Authority and return a certified copy of the filed Statement of Authority in the enclosed Federal Express 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: The South Ocean Group, 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:

Michael I. Kotler, Esquire

Name of Person

Cohen Kotler P.A.

Firm/Company

54 SW Boca Raton Boulevard

Address

Boca Raton, Florida 33432

City/State and Zip Code

clifford@blackfriars-uk.com

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

For further information concerning this matter, please call:

Michael I. Kotler, Esquire

at (561) 361-9600

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:

FIRST: The name of the limited liability company is: The South Ocean Group, LLC

SECOND: The Florida Document Number of the limited liability company is: L04000067866

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

c/o Hinkle, Richter & Rhine LLP

777 East Atlantic Avenue, Suite 226

Delray Beach, Florida 33483

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

c/o Hinkle, Richter & Rhine, LLP

777 East Atlantic Avenue, Suite 226

Delray Beach, Florida 33483

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: Malory Clifford as Manager

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: Malory Clifford as Manager

b. No authority granted to: _____


Signature of authorized representative

Malory Clifford

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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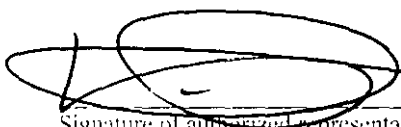
a. Granted to: Malory Clifford as Manager

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: Malory Clifford as Manager

b. No authority granted to: _____


Signature of authorized representative

Malory Clifford

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

15 MAY -7 AM 11:28
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA