

LOS000117119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 18 2015

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HERMIA, 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:

HERVE TAPIN

Name of Person

HERMIA LLC

Firm/Company

100 COLLINS AVE

Address

APT 307

City/State and Zip Code

MIAMI, FLORIDA 33139

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

For further information concerning this matter, please call:

HERVE TAPIN

Name of Person

at ( )

Area Code

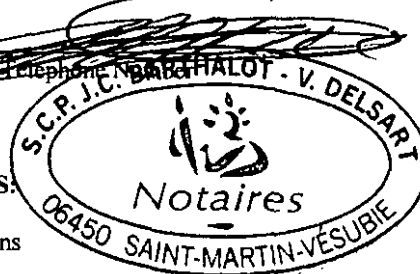
LE NOTAIRE SOUSSIGNE.  
CERTIFIE QUE LA SIGNATURE  
CI-CONTRE A ETE APPOSEE  
PAR M. Herve TAPIN  
A St Martin LE 7/09/2015

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: HERMIA, LLC

SECOND: The Florida Document Number of the limited liability company is: 20-47502409

LO5000117119

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

100 COLLINS AVE APT 307

MIAMI BEACH FL 33139

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

100 COLLINS AVE APT 307

MIAMI BEACH 33139

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: HERVE TAPIN

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: HERVE TAPIN

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

LE NOTAIRE SOUSSIGNE.  
CERTIFIE QUE LA SIGNATURE  
CI-CONTRE A ETE APPOSEE  
PAR M. HERVE TAPIN

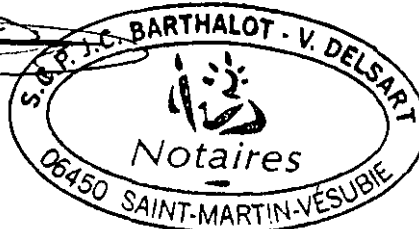
A \_\_\_\_\_  
Signature of authorized representative

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

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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