

L060000022356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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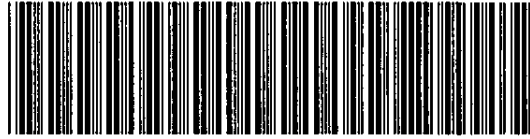
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

JAN 11 2016

Y SULKER

LAW OFFICES OF
ROSEMOND AND ROSEMOND, P. A.

ST. JULIEN P. ROSEMOND, JR.

3654 BAYVIEW ROAD
COCONUT GROVE, FLORIDA 33133-6503
TELEPHONE (305) 442-0903
FACSIMILE (305) 442-0733
E-MAIL: ERosemond@aol.com

January 7, 2016

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Camelot of Miami, LLC

To Whom It May Concern:

Enclosed are:

1. Cover Letter
2. Statement of Authority
3. Check in the amount of \$25.00 Payable to Florida Department of State for the filing fee of the Statement of Authority.
4. Check in the amount of 30.00 payable to Florida Department of State to obtain a certified copy of Statement of Authority.

Please mail the certified copy to Mr. Buhler at the address indicated on the cover letter.

If you have any questions please do not hesitate to contact me. Thank you.

Very truly yours,



St. Julien P. Rosemond, Jr.

SJPR/mmg
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Camelot of Miami, 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:

Phillip A. Buhler

Name of Person

Camelot of Miami, LLC

Firm/Company

711 St. Moritz Ct.

Address

Switzerland, FL 32259

City/State and Zip Code

pabuhler@mppkj.com

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

For further information concerning this matter, please call:

Phillip A. Buhler

at (

904

356-1306

)
Area Code

Daytime Telephone Number

Name of Person

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: Camelot of Miami, LLC

SECOND: The Florida Document Number of the limited liability company is: L06000022356

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

711 St. Moritz Ct.

Switzerland, FL 32259

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

711 St. Moritz Ct.

Switzerland, FL 32259

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.

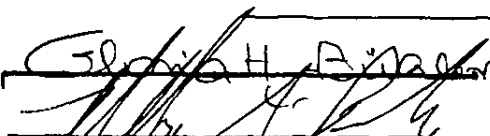
a. Granted to: Phillip A. Buhler

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: Phillip A. Buhler

b. No authority granted to: _____


Signature of authorized representative

GLORIA H. BUHLER

Phillip A. Buhler

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)