

607000064007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

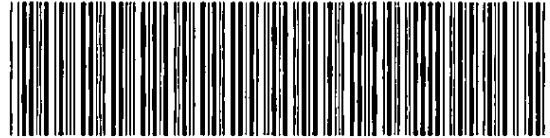
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2024 FEB 21 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. HUNT

2/24/24

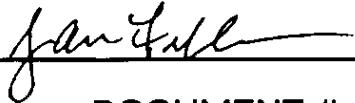
FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$55.00

Authorization Signature: 

BUSINESS NAME

DOCUMENT #

CAM SQUARE LLC

L07000064007

X **Certified Copy**

___ Certificate of Status

NEW FILINGS

___ Profit Corp

___ Not for Profit

___ Limited Liability

___ Domestication

___ LLLP

___ CORP

___ Other

___ Other

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Revocation of Dissolution

___ Merger

___ Articles of Conversion

___ Restated Articles of Incorporation

X **Statement of Authority**

OTHER FILINGS

___ Apostille

___ Country

___ Annual Report

___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Reinstatement

___ Qualification

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAM SQUARE 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:

MAUREEN AUGHTON, ESQ.

Name of Person

AUGHTON LAW FIRM, P.A.

Firm/Company

5660 STRAND COURT

Address

NAPLES, FL 34110

City/State and Zip Code

maughton@aughtonlaw.com

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

For further information concerning this matter, please call:

MAUREEN AUGHTON	239	860-6579 / 239-919-5436
Name of Person	at (Area Code)	Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: CAM SQUARE LLC

SECOND: The Florida Document Number of the limited liability company is: L07000064007

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

1455 BLUE POINT AVENUE

NAPLES, FL 34102

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

1455 BLUE POINT AVENUE

NAPLES, FL 34102

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.

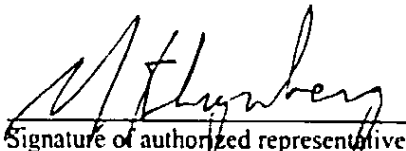
a. Granted to: MARTIN F. KLINGENBERG

b. No authority granted to: N.A.

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

a. Granted to: MARTIN F. KLINGENBERG

b. No authority granted to: N.A.


Signature of authorized representative

MARTIN F. KLINGENBERG, MGR.

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**