

LO9000061136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

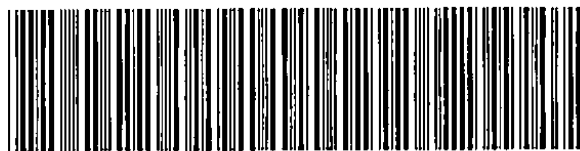
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUN -4 A 3:12
19 JUN -4 PM 10:52
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CLERK OF COURT

D SCOTT

JUN - 5 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 790303 5033330

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE : June 4, 2019

ORDER TIME : 9:52 AM

ORDER NO. : 790303-005

CUSTOMER NO: 5033330

2019 JUN -4 A 3:13
FILED

DOMESTIC AMENDMENT FILING

NAME: PH1 SPEAR CONDOMINIUM LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PH1 SPEAR CONDOMINIUM 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 J. FREEMAN, ESQ.

Name of Person

MICHAEL J. FREEMAN, P.A.

Firm/Company

153 SEVILLA AVENUE

Address

CORAL GABLES, FL 33134

City/State and Zip Code

MFREEMAN@FREEMANMIAMI.COM

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

For further information concerning this matter, please call:

MICHAEL J. FREEMAN

at (305) 442-1567

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

CR2E138 (2/14)

FILED
2013 JUN -14 A 3:13
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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: PH1 SPEAR CONDOMINIUM LLC

SECOND: The Florida Document Number of the limited liability company is: L08000061136

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

153 SEVILLA AVENUE

CORAL GABLES, FL 33134

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

P.O. BOX 140668

CORAL GABLES, FL 33114-0668

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: MICHAEL J. FREEMAN

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: MICHAEL J. FREEMAN

b. No authority granted to: _____


Signature of authorized representative

Francesco Rovati, Director of Antonello Manuli Holdings S.P.A. f/k/a Amfin SPA, sole member of PH1 Spear Condominium LLC
Typed or printed name of signature

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