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SUCRETARY OF STATE

S Warren DEC 22 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations		
OLYMPE LLC		
SUBJECT: Name of L	Limited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	e submitted for filing	
	_	
Please return all correspondence concerning this m	natter to the following:	
PAUL FELDMAN, ESQ.		
Name of Person		
PAUL FELDMAN, P.A.		
Firm/Company		
2750 NE 185 ST, STE 203		
Address		
AVENTURA, FL 33180		
City/State and Zip Code		
paul@feldmanclosings.com		
E-mail address: (to be used for future ann	nual report notification)	<del></del>
For further information concerning this matter, ple	ase call:	
PAUL FELDMAN, ESQ.	305	931.0433
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registration Division of P.O. Box (	f Corporations

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

authority:	605.0302(1), Florida Statutes, this limited liability company submits the following of the limited liability company is:  OLYMPE LLC	ng statement of
SECOND: The Fl	orida Document Number of the limited liability company is: L08000107653	3
THIRD: The street	t address of the limited liability company's principal office is:  ORLD CLASS REALTY	
2875 N	E 191 STREET, SUITE # PH2	
AVENT	URA, FL 33180	
	ling address of the limited liability company's principal office is:  DRLD CLASS REALTY	•
2875 N	E 191 STREET, SUITE # PH2	•
AVENT	URA, FL 33180	•
person on the following in the following	execute an instrument transferring real property held in the name of the compan	.y.
b.	STAN STAN	2018 97C 21
2. May a.	Granted to:  PAUL FELDMAN, Esq.  PAUL FELDMAN, Esq.	Π
b	No authority granted to:	- 4-
	yus A-m YVES CHAMPEY	·
Signature of againor	Filing Fee: \$25.00 Certified Copy: \$30,00 (optional)	l'signature

CR2E138 (2/14)