

(Re	questor's Name)	-
(Ad	dress)	
	···	
(Ade	dress)	
	<u> </u>	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	 _	
Special Instructions to	Filing Officer:	
		1

Office Use Only



FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

EXAMINER'S INITIALS:_____

Please use funds from this account: 1202100 Authorization Signature:	00160 Amount: \$ <u>55.00</u>
Authorization Signature: CAM PLANTATION LLC Business L0900	00026228 Document #
Walk in Pick up time Mail out PhotocopyX Certified Copy of Articles of Organization	Will wait
Certificate of Status	
NEW FILINGS Profit Not for Profit Limited Liability Domestication LLLP CORP	AMMENDMENTS AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/MergerConversionAFFIDAVID BY FOREIGN CORE
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filingXStatement of AUTHORITY
Fictitious Name	Reinstatement
APOSTIL Country	Other

COVER LETTER

. TO: Registration Section
Division of Corporations

CAM PLANTATION LLC		
Name of Lin	nited Liability Comp.	any
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
MAUREEN AUGHTON, ESQ.		
Name of Person		
AUGHTON LAW FIRM PA		
Firm/Company		
5660 STRAND COURT		
Address		
NAPLES, FL 34!10		
City/State and Zip Code		
maughton@aughtonlaw.com		
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, plea	se call:	
MAUREEN AUGHTON	239 at (860-6579
Name of Person	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

FIRST: The name of the limited liability company is:	NTATION LLC		
SECOND: The Florida Document Number of the limited liability	company is:	228	
THIRD: The street address of the limited liability company's prin 1455 BLUE POINT AVENUE			Succession of the second of th
NAPLES, FL 34102			
The mailing address of the limited liability company's p	orincipal office is:		PH 15: 34
NAPLES, FL 34102			
person on the following: 1. May execute an instrument transferring real property a. Granted to: MARTIN F. KLINGENBERG			
b. No authority granted to: N.A.			
2. May enter into other transactions on behalf of, or oth a. Granted to: MARTIN F. KLINGENBERG		e company.	
b. No authority granted to: N.A.			
11/51	MARȚIN F. KLING	GENBERG, MG	R.
Signature of authorized representative Filing Fee: \$25 Certified Copy: \$30		name of signature	•

CR2E138 (2/14)