

40000042499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

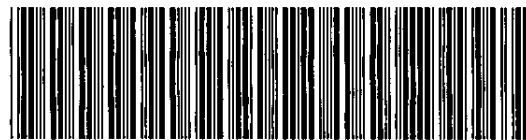
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☐

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 1 5 2015

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**CAFPI USA**

**SUBJECT:** \_\_\_\_\_  
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:

**Coralie Teichman**

\_\_\_\_\_  
Name of Person

**CAFPI USA**

\_\_\_\_\_  
Firm/Company

**2858 N University Dr**

\_\_\_\_\_  
Address

**Coral Springs, FL 33065**

\_\_\_\_\_  
City/State and Zip Code

**management@cafpiusa.com**

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

For further information concerning this matter, please call:

**Coralie Teichman**

**954**

**340 1113 x305**

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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

**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: CAFPI USA LLC

**SECOND:** The Florida Document Number of the limited liability company is: L10000042499

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

2858 N University Dr

Coral Springs, FL 33065

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

2858 N University Dr

Coral Springs, FL 33065

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TALLAHASSEE, FLORIDA

**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.

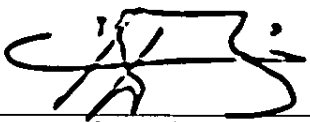
a. Granted to: Laurence Assouline OR Elie Assouline

b. No authority granted to: Lou Corda

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

a. Granted to: Laurence Assouline OR Elie Assouline

b. No authority granted to: Lou Corda

  
Signature of authorized representative

Elie Assouline  
Typed or printed name of signature

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