

L10000043948

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

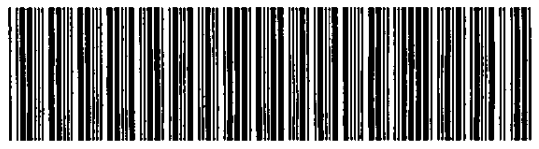
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA  
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MAR 04 2016  
S. YOUNG

SIGNATURE TITLE SERVICES, INC.

1961 N.W. 150<sup>th</sup> Avenue  
Suite 102  
Pembroke Pines, Florida 33028  
Phone No. (954) 239-4545  
Fax No. (954) 239-4546

February 26, 2016

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA  
16 MAR -1 PM 2:31

Re: Investment 4270, LLC

Dear Sir/Madam:

Enclosed is the original Statement of Authority for Investment 4270, LLC to be filed in your records.

Also enclosed are our escrow account check in the amount of \$35.00 that represents the filing fee and a self-addressed, stamped envelope for you to return the document to me.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

  
Blanca Carabeo

Enc.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Investment 4270, LLC, a Florida limited liability company

\_\_\_\_\_  
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:

Richard L. Ziff

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

Signature Title Services, Inc.

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

1961 Northwest 150th Avenue, Suite 102

\_\_\_\_\_  
Address

Pembroke Pines, FL 33028

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

yarhitri@gmail.com

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

For further information concerning this matter, please call:

Jose M. Argiz, Manager

at ( 786 )

4069308

\_\_\_\_\_  
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

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TALLAHASSEE, FLORIDA  
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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: Investment 4270, LLC, a Florida limited liability company

**SECOND:** The Florida Document Number of the limited liability company is: L10000043948

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

6000 Island Blvd.

Suite 607

Williams Island, FL 33160

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

6000 Island Blvd.

Suite 607

Williams Island, FL 33160

**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: Jose M. Argiz

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: Jose M. Argiz

b. No authority granted to: N/A

Signature of authorized representative

Jose M. Argiz

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA