

L11000 019754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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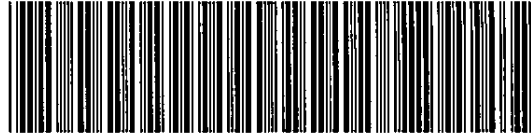
(Business Entity Name)

(Document Number)

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JUL 28 2016  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CORFUMED, 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:

Jed Berman  
Name of Person

Infantino and Berman  
Firm/Company

P.O. Drawer 30  
Address

Winter Park, FL 32790  
City/State and Zip Code

jberman@infantinoberman.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jed Berman at (407) 644-4673  
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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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: CORFUMED, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000019754

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

4336 South Kirkman Road  
Unit 706  
Orlando, FL 32811

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

4336 South Kirkman Road  
Unit 706  
Orlando, FL 32811

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: Jed Berman

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: \_\_\_\_\_

b. No authority granted to: \_\_\_\_\_

*X He An.*  
Signature of authorized representative

Apostolos Hatziastros  
Typed or printed name of signature

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

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