

C11000050460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J SHIVERS

**JOHN JAY WATKINS, P. A.**

**Attorney and Counselor At Law**

150 South Main Street

P.O. Box 250

LaBelle, Florida 33975

Telephone 863-675-4424

Facsimile 863-675-4521

Email: [jw@jjwlaw.com](mailto:jw@jjwlaw.com)

November 12, 2015

via FedEx

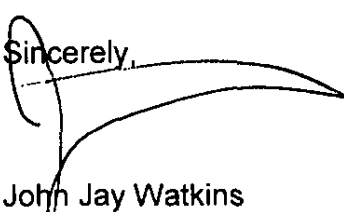
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

IN RE: Braunstein Enterprises, LLC

Dear Ladies and Gentlemen:

Enclosed please find a Statement of Authority for Braunstein Enterprises, LLC.  
Please return to me a certified copy after it has been filed.

Sincerely,



John Jay Watkins

/np  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BRAUNSTEIN ENTERPRISES, 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:

JOHN JAY WATKINS

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

JOHN JAY WATKINS, P.A.

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

P.O. BOX 250

\_\_\_\_\_  
Address

LABELLE, FL 33975

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

JW@JJWLAW.COM

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

For further information concerning this matter, please call:

JOHN JAY WATKINS

at ( 863 ) 675-4424

\_\_\_\_\_  
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: BRAUNSTEIN ENTERPRISES, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000050460

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

351 HORSE CLUB AVENUE

CLEWISTON, FL 33440

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

351 HORSE CLUB AVENUE

CLEWISTON, FL 33440

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the state 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:

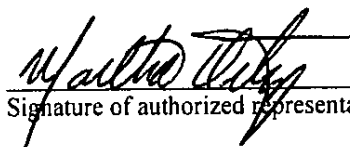
a. Granted to: MARTHA C. ORTIZ

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: MARTHA C. ORTIZ

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

  
Signature of authorized representative

MARTHA C. ORTIZ

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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NOV 13 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA