L 11 0000 77520

(Requestor's Name)
(Address)
(Address)
(1441055)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



800262454668

07/21/14--01047--008 **25.00



COVER LETTER

Div	ision of Corporations	•	•	
SUBJECT:	CV MANAGEMENT, LLC			
SUBJECT	Name of Li	mited Liability Comp	Pany	
Dear Sir or N	Madam:			
The enclosed	d Statement of Authority and fec(s) are	submitted for filing.		
Please return	all correspondence concerning this me	atter to the following:		
Brian R.	French	MANAGEMENT, LLC Name of Limited Liability Company i: iment of Authority and fee(s) are submitted for filing. prespondence concerning this matter to the following: Ch Name of Person Offices Firm/Company Orive Address s, FL 33305 City/State and Zip Code didress: (to be used for future annual report notification) ation concerning this matter, please call: Ch Name of Person Area Code Daytime Telephone Number I/COURIER ADDRESS: Ion Section of Corporations Building Buildi		
	Name of Person			
Trantalis	Law Offices			
	Firm/Company			
2255 Wil	ton Drive			
	Address			
Wilton M	anors, FL 33305			
	City/State and Zip Code			
E-1	mail address: (to be used for future ann	ual report notification	n)	
For further i	nformation concerning this matter, ple	ase call:		
Brian R.	French)	
	Name of Person		Daytime Telephone Number	
Re Dir Cli 26	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 61 Executive Center Circle llahassee, Florida 32301	Registrat Division P.O. Box	tion Section of Corporations 6 6327	

CR2E138 (2/14)

' STATEMENT OF AUTHORITY

IRST: The name	of the limited liability company is: CV, REAL ESTATE, LLC	-
ECOND: The Flo	orida Document Number of the limited liability company is: L11000077520	_
HIRD: The street	address of the limited liability company's principal office is:	
Suite 45	60	
Miami B	leach, FL 33139	
	ing address of the limited liability company's principal office is: / 180th Terrace	
Suite 10	03	
Pembro	ke Pines, FL 33029	
a.	Granted to: CHRISTIAN PAUL GERARD VENTISETTE	
ь.	No authority granted to: PATRICIA DEL CARPIO	h
2. May	enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to CHRISTIAN PAUL GERARD VENTISETTE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
a.		
a. b.	No authority granted to: PATRICIA DEL CARPIO	င်း ထိ
	No authority granted to: PATRICIA DEL CARPIO	က ထဲ

CR2E138 (2/14)