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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DM URBAN DEVELOPMENT, 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:

Carla Di Clemente, Registered Agent	
Name of Person	
.	
Firm/Company	
2365 NW 70 Avenue, Unit C-9	
Address	
Miami, Florida 33122	
City/State and Zip Code	
diclementecarla@gmail.com	
E-mail address: (to be used for future annual report not	ification) For further
·	
information concerning this matter, please call:	

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
32314 Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida

(Area Code) Daytime Telephone Number

at (786) 220-0022

Carla Di Clemente

Name of Person

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: DM URBAN DEVELOPMENT, LLC.

SECOND: The Florida Document Number of the limited liability company is: L11000102004.

THIRD: The street address of the limited liability company's principal office is: 2365 NW 70th Avenue, Unit C-9, Miami, Florida 33122.

The mailing address of the limited liability company's principal office is: 2365 NW 70th Avenue, Unit C-9, Miami, Florida 33122.

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: Carla Di Clemente, Manager.
 - 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: Carla Di Clemente, Manager.
 - b. No authority granted to: N/A.

Signature of authorized representative Robert Carlo F. Di Clemente, Member

Signature of authorized representative Juan Martinez Segura, Member

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

yped or printed name of signature

CR2E138 (2/14)