

L11000/21915

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 AUG 18 PM 2:50
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FILED
2015 AUG 18 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 19 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 750697 116694A

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE : August 18, 2015

ORDER TIME : 1:14 PM

ORDER NO. : 750697-005

CUSTOMER NO: 116694A

DOMESTIC FILING

NAME: PHA INVESTMENTS, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHA INVESTMENTS, 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:

ALAN J. MARCUS

Name of Person

ALAN J. MARCUS, ESQ.

Firm/Company

20803 BISCAYNE BOULEVARD, SUITE 301

Address

AVENTURA, FL 33180

City/State and Zip Code

alise@alanjmarcus.com

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

For further information concerning this matter, please call:

Alise Weinstein

at (305)

937-1800

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: PHA INVESTMENTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000121915

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

2300 NORTH SURF ROAD

HOLLYWOOD, FLORIDA 33019

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

2300 NORTH SURF ROAD

HOLLYWOOD, FLORIDA 33019

FILED
2015 AUG 18 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: JEREMY NOY

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: JEREMY NOY

b. No authority granted to: _____

Don L. H. atty
Signature of authorized representative

PHILIP J. MARCUS
Typed or printed name of signature

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