

L12 000141203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

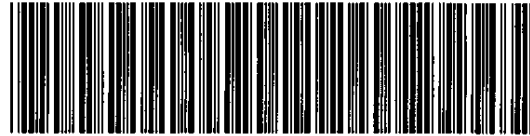
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LJP Solutions 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:

Jan Bessellieu

Name of Person

Professional Title Solutions Inc

Firm/Company

3333 49th Street North

Address

St. Petersburg, FL 33710

City/State and Zip Code

dropzone@hotmail.com

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

For further information concerning this matter, please call:

Yu Graw

Name of Person

at ( 727 )

Area Code

424-3834

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, Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: LJP Solutions LLC

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

3112 24TH ST N  
St. Petersburg, FL 33713

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

3112 24TH ST N  
St. Petersburg, FL 33713

THIRD: 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: XX

Joey Camodeca and Arthur Harrington

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: XXXXXXXXXXXXXXXXXXXX

Joey Camodeca

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

Yu Gao  
Signature of authorized representative

Yu Gao  
Typed or printed name of signature

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