

L17060012560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000272910460

05/15/15--01030--010 \*\*60.00

FILED  
15 MAY 15 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 21 2015

J SHIVERS

Law Offices

**PAUL FELDMAN, P.A.**

2750 Northeast 185<sup>th</sup> Street  
Suite 203  
Aventura, Florida 33180

PAUL FELDMAN, ESQ.

TELEPHONE (305) 534-4721

FAX (305) 532-7015

EMAIL- paul@feldmanclosings.com

May 14, 2015

**VIA FEDERAL EXPRESS**

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

Re: File No.: 15-212  
Client: Majestic Days Properties, LLC

Dear Sir or Madam:

Both enclosed Statements of Authority are being submitted to you for filing. Our company's check in the sum of \$60.00, representing filing and certified copy fee.

Upon filing both Statements of Authority, please return the filed copies back to us overnight in the enclosed Federal Express prepaid envelope.

Your cooperation and prompt attention to this matter is greatly appreciated.

Very truly yours,

PAUL FELDMAN, P.A.

  
Elsa M. Sanchez  
Legal Assistant

/ems

Enclos.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAJESTIC DAYS PROPERTIES, 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:

Paul Feldman, Esq.

Name of Person

Paul Feldman, P.A.

Firm/Company

2750 NE 185th Street, Suite 203

Address

Aventura, FL 33180

City/State and Zip Code

paul@feldmanclosings.com

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

For further information concerning this matter, please call:

Paul Feldman

Name of Person

at ( 305 ) 931-0433

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

FIRST: The name of the limited liability company is: MAJESTIC DAYS PROPERTIES, LLC

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

19390 COLLINS AVE, #601
SUNNY ISLES BEACH, FL 33160

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

19390 COLLINS AVE, #601
SUNNY ISLES BEACH, FL 33160

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: PAUL FELDMAN, ESQ.

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: PAUL FELDMAN, ESQ.

b. No authority granted to:

Handwritten signature of authorized representative

BRIGITTE HIRSCH
Typed or printed name of signature

FILED
15 MAY 15 AM 10:56
SECRETARY OF STATE
STATE OF FLORIDA

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