

LI3000061609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

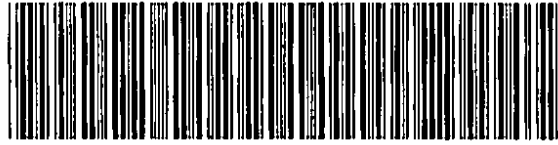
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STATE OF ARIZONA  
TALLAHASSEE FLORIDA

AUG 09 2017  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Clement 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 Pa  
Firm/Company

2750 NE 185 St #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 PA at ( 305 ) 931-0433  
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: CLEMENT PROPERTIES LLC

SECOND: The Florida Document Number of the limited liability company is: L13000061609

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

2875 NE 191 STREET, SUITE PH2

AVENTURA, FL 33180

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

2875 NE 191 STREET, SUITE PH2

AVENTURA, FL 33180

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: 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: \_\_\_\_\_

 **SIGN HERE**

Signature of authorized representative

PATRICK CLEMENT

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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2017 AUG - 7 PM 1:46  
STATE OF FLORIDA  
TALLAHASSEE