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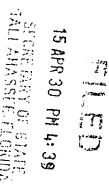
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CC	IVER LETTER	_
TO: Registration Section Division of Corporations	.	
CM PARIS, LLC		
	mited Liability Comp	oany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Zachary O. Bazara, Esq.		
Name of Person		
Angelo & Banta, P.A.		
Firm/Company		
515 East Las Olas Boulevard, Suite 85	0	
Address		
Fort Lauderdale, Florida 33301		
City/State and Zip Code		
zob@angelolaw.com		
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, plea	se call:	
Zachary O. Bazara	954 at ()	766-9930
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

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limit authority:	ed liability company submits the following statement of
FIRST: The name of the limited liability company is:	// PARIS, LLC
SECOND: The Florida Document Number of the limited	liability company is: L13000077872
THIRD: The street address of the limited liability companions 3031 N.E. 42ND STREET	
FORT LAUDERDALE, FLORIDA 333	08
The mailing address of the limited liability comp	pany's principal office is:
FORT LAUDERDALE, FLORIDA 333	08
FOURTH: This statement of authority grants or sets limits position of a person in a company, whether as a member, traperson on the following: 1. May execute an instrument transferring real page 1. Granted to: STEVEN MARTOR	ransferee, manager, officer or otherwise or to a specific roperty held in the name of the company.
b. No authority granted to: DEBORA THOMAS P. ANGELO	AH MARTORANO AH MARTORANO
May enter into other transactions on behalf o a. Granted to:	f, or otherwise act for or bind, the company
b. No authority graphed to: DEBORA THOMAS P. ANGELO	AH MARTORANO
Signature of authorized representative	THOMAS P. ANGELO Typed or printed name of signature
Filing Fee:	\$25.00

CR2E138 (2/14)