

L13 0000 79 E20

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

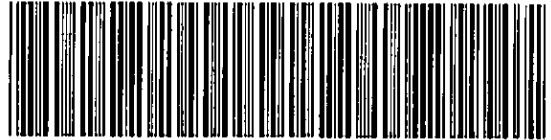
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 OCT 24 PM 2:40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEERFIELD 246 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:

SOLIGNAC, PHILIPPE

Name of Person

Firm/Company

19821 nw 2 ave suite 385

Address

miami gardens, FL 33169

City/State and Zip Code

ffmservicesllc@gmail.com

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

For further information concerning this matter, please call:

SOLIGNAC, PHILIPPE at (954) 2137259
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: DEERFIELD 246 LLC

SECOND: The Florida Document Number of the limited liability company is: L13000079820

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

19821 nw 2 ave Suite 385

miami gardens, FL 33169

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

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.

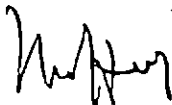
a. Granted to: SOLIGNAC, PHILIPPE

b. No authority granted to: SOLIGNAC, CHANTAL, SOLIGNAC
AMAURY, SOLIGNAC, CHARLOTTE, SOLIGNAC HADR

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: SOLIGNAC, PHILIPPE

b. No authority granted to: SOLIGNAC, CHANTAL, SOLIGNAC
AMAURY, SOLIGNAC, CHARLOTTE, SOLIGNAC HADR



Signature of authorized representative

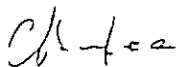
Philippe SOLIGNAC

Typed or printed name of signature

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

2019 OCT 24 PM 2:40

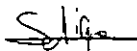
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Signature of authorized representative

Chantal SOLIGNAC

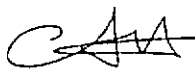
Typed or printed name of signature



Signature of authorized representative

Amaury SOLIGNAC

Typed or printed name of signature



Signature of authorized representative

Charlotte SOLIGNAC

Typed or printed name of signature



Signature of authorized representative

Hadrien SOLIGNAC

Typed or printed name of signature