

L13000084696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

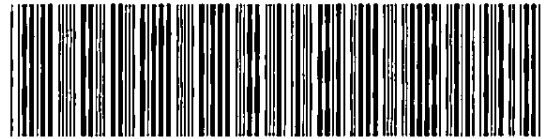
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUPLXFORD 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:

James Marx

Name of Person

Marx Rosenthal PLLC

Firm/Company

1 SE 3rd Ave., Suite 1210

Address

Miami, FL 33131

City/State and Zip Code

james@marxrosenthal.com

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

For further information concerning this matter, please call:

James Marx

305

577-0276

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: DUPLEXFORD LLC

SECOND: The Florida Document Number of the limited liability company is: L13000084696

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

3232 CORAL WAY, APT# 1410

MIAMI, FL 33145

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

3232 CORAL WAY, APT# 1410

MIAMI, FL 33145

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: David Stilerman, Dalia Stilerman, OR James Marx are each, separately and individually, authorized to sell, transfer and convey that real property at 2100 NW 65th Street, Miami, FL 33170 and to execute the Warranty Deed and all other conveyance and closing documents for the sale of said real property.
 - 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: _____
 - b. No authority granted to: _____

Signature of authorized representative

David Stilerman

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Signature of authorized representative

Dalia Stilerman

Typed or printed name of signature