

L13000/35217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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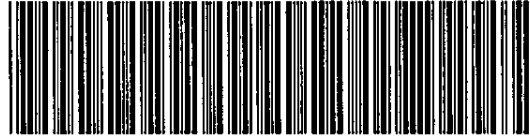
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 08 2016  
D. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NATHUR 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

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

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TALLAHASSEE, FLORIDA

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CR2E138 (2/14)

**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: NATHUR LLC

**SECOND:** The Florida Document Number of the limited liability company is: L13000135217

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

5775 COLLINS AVENUE, UNIT 905

MIAMI BEACH, FL 33140

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

5775 COLLINS AVENUE, UNIT 905

MIAMI BEACH, FL 33140

**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

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

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

MARCEL DREYFISS

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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