

L14 0000 68577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COHEN & SOLOMON INTERNATIONAL FINANCE 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:

AMANDA COHEN

Name of Person

COHEN & SOLOMON INTERNATIONAL FINANCE LI

Firm/Company

6100 GULFPORT BLVD. Unit 212

Address

GULFPORT, FL 33707

City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda Cohen

Name of Person

at (

813

Area Code

220-4808

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: COHEN & SOLOMON INTERNATIONAL  
FINANCE LLC

**SECOND:** The Florida Document Number of the limited liability company is: L14000068573

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

6100 GULFPORT BLVD, UNIT 212

GULFPORT, FL 33707

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

6100 GULFPORT BLVD, UNIT 212

GULFPORT, FL 33707

**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: \_\_\_\_\_

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

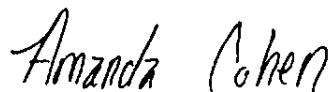
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: AMANDA COHEN to execute the Lease  
between the Company and its prospective landlord.

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



Signature of authorized representative



Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)