

L14000189271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WAP 5/14/15

**GASSMAN LAW ASSOCIATES, P.A.**  
**ATTORNEYS AT LAW**

ALAN S. GASSMAN \*\*  
KENNETH J. CROTTY \*\*\*\*  
CHRISTOPHER J. DENICOLO \*\*\*

- \* LL. M. IN TAXATION
- + BOARD CERTIFIED LAWYER  
WILLS, TRUSTS AND ESTATES
- \*\*\* LL.M. IN ESTATE PLANNING
- ^ BOARD CERTIFIED LAWYER IN TAX LAW

1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756  
PHONE: (727) 442-1200  
FAX: (727) 443-5829

Gassmanlawassociates.com

May 6, 2015

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

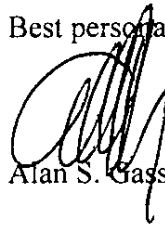
To Whom it May Concern:

Enclosed please find Statements of Authority for filing for each of ASEI Enterprises, LLC and Archive Real Estate, L.L.C.

Additionally, please find a check in the amount of \$110.00 for the cost of filing and certifying each of the enclosed Statements of Authority. Please return the certified Statements of Authority to our office in the enclosed self-addressed, stamped envelope.

Please do not hesitate to contact my office if you have any questions with respect to the attached.

Best personal regards,



Alan S. Gassman

ASG:jas  
Enclosures  
SASEs

cc: Anatoly Iofe (w/encls. via e-mail [anatoly.iofe@gmail.com](mailto:anatoly.iofe@gmail.com))  
Kenneth J. Crotty, Esq. (w/encls. via e-mail [ken@gassmanpa.com](mailto:ken@gassmanpa.com))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: ARCHIVE REAL ESTATE, L.L.C.**  
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:

Alan S. Gassman, Esq.  
Name of Person

Gassman Law Associates, P.A.  
Firm/Company

1245 Court Street, Suite 102  
Address

Clearwater, FL 33756  
City/State and Zip Code

\_\_\_\_\_  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan S. Gassman, Esq. at ( 727 ) 442-1200  
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

### 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: ARCHIVE REAL ESTATE, L.L.C.

**SECOND:** The Florida Document Number of the limited liability company is: L14000189271

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

1245 Court Street, Suite 102

Clearwater, FL 33756

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

1245 Court Street, Suite 102

Clearwater, FL 33756

**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; may give a mortgage on real property held in the name of the company; may satisfy a mortgage on real property held in the name of the company; may record a lease, option, and/or mechanics lien on real property held in the name of the company; may record any other incumbrance which would cloud or otherwise provide a detrimental impact on the real property held in the name of the company.

a. Granted to: Gassman Law Associates, P.A. and SAGLARA IOFE

b. No person or entity other than the person(s) or entity(ies) listed under

Item 1(a) above, including no member, manager, transferee or otherwise of ARCHIVE

REAL ESTATE, L.L.C., shall have any authority to take any of the actions set forth in

Item 1 above. The authority to take any of the actions set forth in Item 1 above is limited

solely to the person(s) or entity(ies) listed under Item 1(a) above.

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TALLAHASSEE, FLORIDA

Julie Speakman  
Witness

Manbeth Vongvachet  
Witness

Alan S. Gassman  
Signature of Authorized Representative

Alan S. Gassman, Esquire  
Typed or printed name of signature

STATE OF FLORIDA           )  
COUNTY OF PINELLAS    )

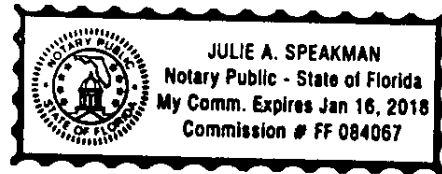
**I HEREBY CERTIFY** that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared ALAN S. GASSMAN, ESQUIRE, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed this Deed, or that I relied upon the following forms of identification of the above-named person: \_\_\_\_\_.

WITNESS, my official hand and seal this 5 day of May, 2015.

(SEAL)

Julie Speakman  
Notary Public Signature

Printed Notary Signature



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

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TALLAHASSEE, FLORIDA