L14000 195051

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400313062164

05/10/18--01010--017 **30.00

ALLAHARY TO AMTH: 40 SECRETARY TO AMTH: 40

COVER LETTER

ro;	Registration Section Division of Corporations
SUBJE	NMB Condo 3I, LLC, a Florida Limited Liability Company
5000	Name of Limited Liability Company
Dear S	ir or Madam:
The en	closed Statement of Authority and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Diete	r Stadler
	Name of Person
NMB	Condo 3I, LLC
	Firm/Company
1970	7 Turnberry Way, #19B
	Address
Aven	tura, FL 33180
	City/State and Zip Code
te	bana@atlanticbb.net
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Di	Name of Person Area Code Davine Telephone Number
,	Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority:	Statutes, this limited liability company submits the following statement of
FIRST: The name of the limited liability Liability Company	company is: NMB Condo 31, LLC, a Florida Limíted
SECOND: The Florida Document Numb	er of the limited liability company is: L14000195051
THIRD: The street address of the limited 19707 Turnberry Way, #	l liability company's principal office is:
Aventura, FL 33180	
The mailing address of the limi	ited liability company's principal office is:
Aventura, FL 33180	
position of a person in a company, whethe person on the following:	rants or sets limitations of authority on all persons having the status or er as a member, transferee, manager, officer or otherwise or to aspecific property held in the name of the company. O Minor
	SEE. FLORIDA
	ctions on behalf of, or otherwise act for or bind, the company.
b. No authority grante	ed to:
Jan-	Dieter Stadler
Signature of authorized representative	Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)