

L1500202577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

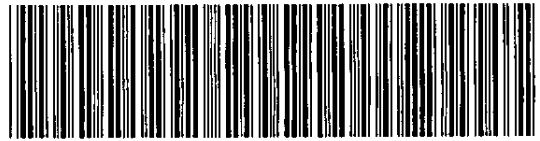
(Business Entity Name)

(Document Number)

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Requester's Name

PO Box 387

Address

Monticello, FL

City/State/Zip

850-832-8345

Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CPM Builders NA, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)
5. _____
(Corporation Name) (Document #)
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☐ Will wait

☐ Photocopy

☐ Certificate of Status

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPM Builders NA 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:

Euribiades Cerrud II, Esq.

Name of Person

The PCB Firm, P.A.

Firm/Company

219 North Magnolia Avenue

Address

Orlando, Florida 32801

City/State and Zip Code

Euri@thePCBFirm.com

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

For further information concerning this matter, please call:

Euribiades Cerrud II, Esq.

Name of Person

407

Area Code

545-5351

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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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: CPM Builders NA, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000202577

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

2100 Ponce De Leon Boulevard

Suite 1260

Coral Gables, Florida 33134 US

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

2100 Ponce De Leon Boulevard

Suite 1250

Coral Gables, Florida 33134 US

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.

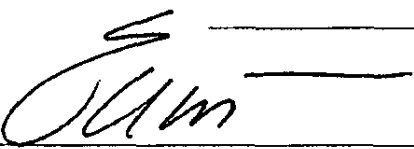
a. Granted to: Francisco G. Arteaga Martinez

b. No authority granted to: Otto Bayona Laboy

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

Granted to: Francisco G. Arteaga Martinez and Otto Bayona Laboy

c. No authority granted to: _____


Signature of authorized representative

EURIBIADES CERRUDO, ESQ.
Typed or printed name of signature

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

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