

L17000036275

(Requestor's Name)

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J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISILDUR INVESTMENTS 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:

Joseph P. Klapholz, Esq.

Name of Person

Joseph P. Klapholz, P.A.

Firm/Company

7951 S.W. 6th Street, Suite 210

Address

Plantation, Florida 33324

City/State and Zip Code

jklap@klapholzpa.com

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

For further information concerning this matter, please call:

Joseph P. Klapholz, Esq.

Name of Person

954 at ()

Area Code

925-3355 ext. 135

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: ISILDUR INVESTMENTS LLC.

SECOND: The Florida Document Number of the limited liability company is: L17000036275

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

2750 N.E. 185th Street, Suite 305

Aventura, Florida 33180

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

2750 N.E. 185th Street, Suite 305

Aventura, Florida 33180

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: JOSE PABLO FEIJOO

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: JOSE PABLO FEIJOO

b. No authority granted to: _____


Signature of Authorized Rep.

Jose Pablo Feijoo

Signature of authorized representative

Typed or printed name of signature
Maria I. Cedillo

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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