

L17000082616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

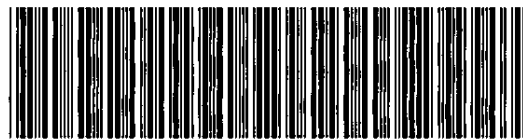
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY -2 2017

THE LAW OFFICES OF
LORENE SEELER YOUNG, P.A.

April 27, 2017

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: CAMSAVE PROPERTIES, Statement of Authority
OUR FILE: 17001-71 / 17-0133

To whom it may concern:

Enclosed please find the cover letter, statement of authority and check number 5254 in the amount of \$55.00 for the filing and certified copy of the statement of authority. **Please forward the certified copy in the FedEx envelope provided. It is imperative that we receive this back as soon as possible in order to avoid any delays in closing.**

If you need anything further or have any questions, please do not hesitate to contact me.

Sincerely yours,
LORENE SEELER YOUNG, P.A.

By: Emily Cruz
Emily Cruz, Legal Assistant

Enclosures
Cover letter
Statement of Authority
Check #5254
FedEx air bill

9124 Griffin Road, Cooper City, Florida 33328

Phone: (954) 585-3967

Facsimile: (954) 585-3987

Email: Emily@Lsy-Law.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMSAVE PROPERTIES, 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:

LORENE SEELER YOUNG, ESQ.

Name of Person

LORENE SEELER YOUNG, P.A.

Firm/Company

9124 GRIFFIN ROAD

Address

COOPER CITY FL 33328

City/State and Zip Code

MANTINHELEN@HOTMAIL.COM

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

For further information concerning this matter, please call:

LORENE SEELER YOUNG

Name of Person

954
at (_____) _____

Area Code

585-3967

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: CAMSAVE PROPERTIES, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000082616

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

2269 S. UNIVERSITY DRIVE #372

DAVIE FL 33324

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

2269 S. UNIVERSITY DRIVE #372

DAVIE FL 3324

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 on a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: MANTIN H. QAMAR, MANAGER


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: JENNYLU ORTEGA ALVAREZ

(including but not limited to obtain building permits, utilities, etc.)

b. No authority granted to: _____


Signature of authorized representative

MANTIN H. QAMAR, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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MAY - 1 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA