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TO:			Section Corpora		
SUBJEC	F	LOF	RIDA F	BI	
Dear Sir	ог Ма	dam:			
The encl	osed S	tatem	ent of A	uthor	
Please return all correspondence c					
Julie (G. Co	hen		_	
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INVESTMENTS LLC

Name of Limited Liability Company ority and fee(s) are submitted for filing. e concerning this matter to the following: of Person Strock & Cohen Zipper Law Group, P.A. Firm/Company 2900 Glades Circle Ste 750 Address Weston, FL 33327 City/State and Zip Code jcohen@strocklaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julie G Cohen 6592220 Name of Person 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 authority:	-			
ST: The name of the limited liability company is: FLORIDA PB INVESTMENTS LLC				
SECOND: The Florida Document Number of the limited liability con	mpany is: L18000023064			
THIRD: The street address of the limited liability company's princip 1565 North Park Drive Ste 100	oal office is:			
Weston, FL 33327	EP 26			
The mailing address of the limited liability company's prince 1565 North Park Drive Ste 100	cipal office is:			
Weston, FL 33327	AND A			
May execute an instrument transferring real property held Granted to: PATRICIO BERSTEIN or ROSA MARIA BERSTEIN	d in the name of the company.			
B. No authority granted to:				
May enter into other transactions on behalf of, or otherw a. Granted to: PATRICIO BERSTEIN or	rise act for or bind, the company.			
b. No authority granted to:				
P 134 RT				
1.1300	Rosa Maria Berstein Patricio Berstein			
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00	Typed or printed name of signature (optional)			