

L 200000018293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

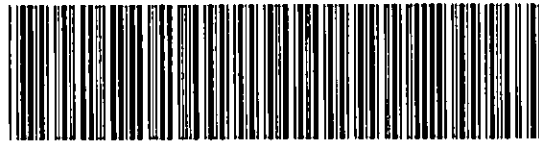
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED

Statement  
of  
Authority

**LAW OFFICES  
of  
JOSEPH P. KLAPHOLZ, P.A.**

7951 S.W. 6<sup>th</sup> Street  
Suite 210  
Plantation, Florida 33324-3276

Joseph P. Klapholz, Esq.  
Licensed in Florida and Maryland  
Notario de Derecho Civil F.S. § 118.10(1)(b)

Phone: (954)-925-3355  
Direct Line: ext. 135  
Fax: (866)-537-1210  
jklap@klapholzpa.com

January 28, 2020

**Via Overnight Mail**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, Florida 32303

Re: Statement of Authority / Axiom Normandy Holdings, LLC.

Dear Sirs:

Please find enclosed the following documents:

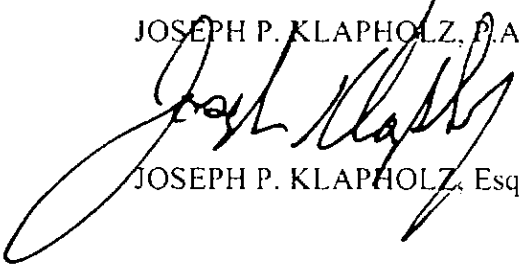
1. Cover Letter.
2. Statement of Authority.
3. Check for \$ 25.00 payable to Florida Department of State.

Kindly file the statement of authority at your earliest convenience.

We thank you for your attention to this matter and, as always, should you have any questions, please do not hesitate to contact the undersigned accordingly. I remain,

Very Truly Yours,

JOSEPH P. KLAPHOLZ, P.A.

  
JOSEPH P. KLAPHOLZ, Esq.

JPK/dml  
Enc.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AXIOM NORMANDY HOLDINGS, 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.

954  
at (\_\_\_\_\_) \_\_\_\_\_

925-3355 ext. 135

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: AXIOM NORMANDY HOLDINGS, LLC.

SECOND: The Florida Document Number of the limited liability company is: 120000018293

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

606 POST ROAD EAST, SUITE 491

WESTPORT, CT 06880

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

606 POST ROAD EAST, SUITE 491

WESTPORT, CT 06880

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: PHILIP MILLER

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: PHILIP MILLER

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

PHILIP MILLER  
Typed or printed name of signature

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

2020 JAN 29 AM 8:42  
FILED