

L21000133265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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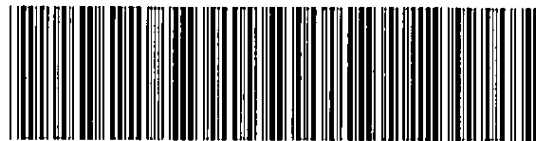
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 AUG 12 PM 2:48

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

97 CAMDEN DRIVE LLC

Signature _____

Requested by: SETH

Name _____

Date _____

Time _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 97 CAMDEN DRIVE 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:

LILIANA V AVELLAN, ESQ.

Name of Person

LILIANA V. AVELLAN, P.A.

9950 SW 107 AVENUE, STE 204
Address

MIAMI FL 33176

City/State and Zip Code

la@lapalaw.com

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

For further information concerning this matter, please call:

LILIANA V AVELLAN at (305) 271-3760

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: 97 CAMDEN DRIVE LLC

SECOND: The Florida Document Number of the limited liability company is: L21000133265

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

787 ELEVENTH AVENUE, 10th FLOOR

NEW YORK NY 10019

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

787 ELEVENTH AVENUE, 10th FLOOR

NEW YORK NY 10019

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: _____

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: ADAM SASOUNESS

b. No authority granted to: _____



Signature of authorized representative

HOWARD LIFSHITZ

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FL.

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