Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TRANSACTION ADVISORS

Account Number : 120150000097

(305)274-8200

Phone Fax Number

: (305)273-3131

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: 1000 imera com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZALUM, L.L.C.

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Zalum, LLC., a Florida 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:

Bridget Gaitan
Name of Person
Express Title Services Group, Inc.
Firm/Company
10261 SW 72 nd Street, Suite C101
Address
Miami, FL 33173
City/State and Zip Code
Tony@imeca.com
E-mail address: (to be used for future annual report notification) For further
nformation concerning this matter, please call:

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

(Area Code) Daytime Telephone Number

at (305)274-8200

CR2E138 (2/14)

Bridget Gaitan
Name of Person

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: ZALUM, LLC., A FLORIDA LIMITED LIABILITY COMPANY.

SECOND: The Florida Document Number of the limited liability company is: L09000037251.

THIRD: The street address of the limited liability company's principal office is: 1190 NW 159th Drive, Miami Gardens, FL 33169.

The mailing address of the limited liability company's principal office is: 1190 NW 159th Drive, Miami Gardens, FL 33169.

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(s) transferring real property held in the name of the company.
 - a. Granted to: Tony Cocchiola, Manager/ Authorized member
 - b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company with respect to the purchase, sale, leasing, and management of real property.

Granted to: Tony Cocchiola, Manager/ Authorized member

No authority granted to: N/A

Signature of author/zed repetientativa. Tony Cocciniola, Manager/ Action member

Signature of authorized representative Michelangelo Cocchiola, Manager) Authorized member

Signature of authorized representative Jean Palmegiani, Manager/ Authorized member

Tony (occhiola
Typed or printed name of signature

Michela Cocclubia

TEAN Claudio Palmegiani
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30,00 (optional)

CR2E138 (2/14)

FERRETARY OF STATE

FERRETARY OF STATE

FOR THE SERVICE OF STATE

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