

L11000011578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

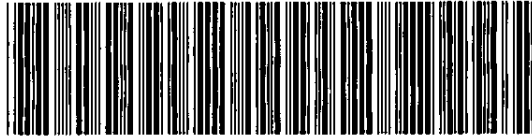
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300287392143

FILED
2016 JUN 30 AM 6:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/30/16--01006--017 **25.00

RECEIVED
DEPARTMENT OF STATE
16 JUN 30 PM 12:15

K. SALLY
EXAMINER
JUL -1 -

CAPITAL CONNECTION, INC.

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

EXECUTIVE AVENTURA 703 LLC

L11000011578

- 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 statement of authority
- 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 _____
- Courier _____

Signature _____

Requested by: SN _____
Name _____ Date 06/30/16 Time _____

Walk-In _____ Will Pick Up _____

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: EXECUTIVE AVENTURA 703 LLC

SECOND: The Florida Document Number of the limited liability company is: L11000011578

THIRD: The street address of the limited liability company's principal office is:
2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133

The mailing address of the limited liability company's principal office is:
2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133

FILED
2016 JUN 30 AM 6:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ARTURO ALTAMIRANO
or DIANA YACUB ORSINI

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:

b. No authority granted to:

[Handwritten signature of Arturo Altamirano]
Signature of authorized representative

ARTURO ALTAMIRANO
Typed or printed name of signature

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