## L12000060234

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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SIID IE	Cardash 2602, LLC, a Florida limited liability company			
SUBJECT: Name of Limited Liability Company				
Dear Sir	or Madam:			
The encl	osed Statement of Authority and fee(s) are	submitted for filing.		
Please re	eturn all correspondence concerning this m	atter to the following	:	
Stephe	en L. Vinson, Jr., Esq.			
	Name of Person		•	
STEPI	HEN L. VINSON, JR., P.A.			
	Firm/Company			
1200 E	Brickell Avenue, Suite 1230			
	Address	<del></del>	•	
Miami,	, Florida 33131			
	City/State and Zip Code			
steve@	@universaltitlelaw.com			
	E-mail address: (to be used for future ann	ual report notification	n)	
For furth	er information concerning this matter, plea	ase call:		
Stephe	en L. Vinson, Jr., Esq.	305	375-9510	
	Name of Person	Area Code	Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327	

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited lia authority:	
FIRST: The name of the limited liability company is: Cardas company	sh 2602, LLC, a Florida limited liability
SECOND: The Florida Document Number of the limited liabili	ty company is: L12000060234
THIRD: The street address of the limited liability company's p Piazza Ettore Troilo	
11	
Pescara, Italy, IT 65127 XX	
The mailing address of the limited liability company' Piazza Ettore Troilo	s principal office is:
11	
Pescara, Italy, IT 65127 XX	
position of a person in a company, whether as a member, transfer person on the following:  1. May execute an instrument transferring real proper a. Granted to: Luca Cardano	ty held in the name of the company.
b. No authority granted to:	
May enter into other transactions on behalf of, or a     a. Granted to:  Luca Cardano	otherwise act for or bind, the company.
b. No authority granted to:	
Sull-	Luca Cardano , Managing Member
Signature of authorized representative	Typed or printed name of signature 325.00 (optional)