

L12000096381

(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
2017 JUN 19 PM 12:24

N. CAUSSEUX

JUN 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AROMASS OVERSEAS, 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:

Jonathan Leder

Name of Person

Nautilus Legal Services, P.A.

Firm/Company

150 S.E. 2nd Avenue, Suite PH1

Address

Miami, FL 33131

City/State and Zip Code

jleder@nautiluslegal.com

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

For further information concerning this matter, please call:

Jonathan Leder

at (305)

514-0600

Name of Person

Area Code

Daytime Telephone Number

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

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: AROMASS OVERSEAS, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000096381

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

150 S.E. 2nd Avenue, Suite PH1

Miami, FL 33131

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

150 S.E. 2nd Avenue, Suite PH1

Miami, FL 33131

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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.

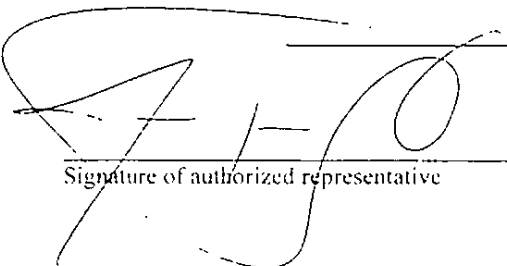
a. Granted to: Rafael Simon Arocha
and/or Alessandra M. Massi

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: Rafael Simon Arocha
and/or Alessandra M. Massi

b. No authority granted to: _____


Signature of authorized representative

Rafael Simon Arocha

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)