

L12000096381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entry Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800383947088

2022 APR -8 PM 1:55
2022 APR -6 PM 2:07

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 4/8/2022

NAME: AROMASS OVERSEAS LLC

TYPE OF FILING: STATEMENT OF AUTHORITY

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atomass 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

Jonathan Leder PLLC
Firm/Company

1717 N. Bayshore Drive Suite 215
Address

Miami FL 33132
City/State and Zip Code

closings@magictitle.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Leder at (305) 514-0622
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: 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:
1717 North Bayshore Drive Unit 215
Miami, FL 33132

The mailing address of the limited liability company's principal office is:
1717 North Bayshore Drive Unit 215
Miami, FL 33132

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:

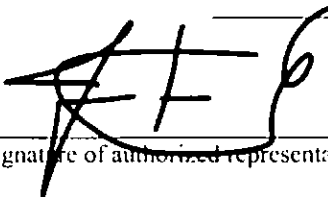
1. May execute an instrument transferring real property held in the name of the company.
a. Granted to: Pierina Arocha Massi Ferrante

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: Pierina Arocha Massi Ferrante

b. No authority granted to: _____



Signature of authorized representative

Rafael Simon Arocha Urbina

Typed or printed name of signature

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

2022 APR -8 PM 1:35