## L1500010625

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SECRETARY OF STATE DIVISION OF CORPORATION

K. SALY JAN 11 2018

## **COVER LETTER**

Division of Corporations
SUBJECT: ALENDIA REACTY UC  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:
ALEJ ANDRO ZAJAC  Name of Person
Firm/Company
7011 LochNess DRIVE
Address
MIAM LAKES, FURITH 33014  City/State and Zip Code
City/State and Zip Code  ALEX ZAJ & GMAIL . COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALEJANORO ZAJAC at 305, 824-9818
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

Registration Section

TO:

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327
Tallahassee, Florida 32314

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

rsuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following state thority:	ement of
RST: The name of the limited liability company is: AUNDER REACTY LUC	<u>'</u>
COND: The Florida Document Number of the limited liability company is: L1500010	1625
IIRD: The street address of the limited liability company's principal office is:  7011 Loch Ness Drive	۽ م
Miami Lakes, FLORIDA 33014	B JAH 1
The mailing address of the limited liability company's principal office is:  701 Lochwess DRIVE	1
MIAMI LAKES, FLORIDA 33014	
1. May execute an instrument transferring real property held in the name of the company.  a: Granted to: ALEJANDRO ZAJAC SANDRA ZAJAC  ANDRESHARDN ZAJAC	
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: ALEJANDRO ZAJAC SANDRA-ZAJAC AND/OR SHARON ZAJAC	
b. No authority granted to:	
Weed SIM ALEJANDRO ZAJ	Àc
Typed or printed name of signature of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	ıre