# L15000 148354

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
<b>(</b> ,				
Certified Copies Certificates of Status				
Sertifical copies				
Special Instructions to Filing Officer:				
J DENITS				
SEP 2.0 2023				

Office Use Only



600413600116

08/17/23--01013--005 \*\*55.00

FILED 2023 AUG 17 PH 4:17 SECRETARY OF STATE

#### COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	INVERSIONES CAMILA LLC			
ODDECT.	Name of	Limited Liability Com	pany	
Dear Sir or N	Madam:			
The enclosed	1 Statement of Authority and fee(s) a	re submitted for filing.		
Please return	all correspondence concerning this	matter to the following	:	
Adam S. Zip	pper			
	Name of Person			
Strock & Co	ohen, Zipper Law Group P.A.			
	Firm/Company			
2900 Glades	S Circle, Suite 750			
	Address			
Weston, FL	33327			
_	City/State and Zip Code			
azipper@str	ocklaw.com			
E-n	nail address: (to be used for future an	nnual report notification	1)	
For further in	nformation concerning this matter, pl	ease call:		
Adam S Zip	per	954 at (	617-9676	
	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

	The name of the limited liability company is: INVERSIONES CAMILA LLC	
SECON	D: The Florida Document Number of the limited liability company is: L15000148354	
THIRD	The street address of the limited liability company's principal office is: 1506 Maple Drive	
	Weston, FL 33327	2023 A
	The mailing address of the limited liability company's principal office is:	2023 AUG 17 PM 4: 17 SECRETARY OF STATE
	Weston, FL 33327	· · · · · · · · · · · · · · · · · · ·
position	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the company  a. Granted to:  MARIA CAMILA LARA CHAYA  a.	or to a specific
	b. No authority granted to:	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa  a. Granted to:  MARIA CAMILA LARA CHAYA	nny.
	b. No authority granted to:	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)