

L15000198354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

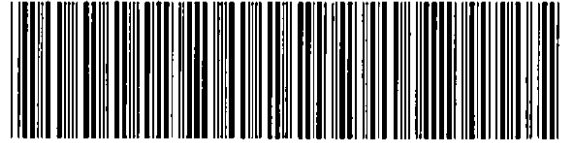
(Document Number)

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**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: INVERSIONES CAMILA LLC

**SECOND:** 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

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

1506 Maple Drive

Weston, FL 33327

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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.

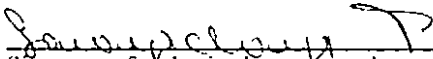
a. Granted to: MARIA CAMILA LARA CHAYA

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: MARIA CAMILA LARA CHAYA

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

SORAYA CHAYA PALLARES  
Typed or printed name of signature

Filing Fee: \$25.00  
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