L16000161055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE
DEC 06 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Valmamed 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:

Manuel J. Mari
Name of Person

Manuel J. Mari, P.A.
Firm/Company

10631 North Kendall Drive, Suite 205
Address

Miami, FL 33176
City/State and Zip Code

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

For further information concerning this matter, please call:

Manuel J. Mari at (305) 279-3140
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

CR2E138 (2/14)

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: Valmamed LLC

SECOND: The Florida Document Number of the limited liability company is: L16000161055

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

2550 S.W. 27 Ave., Apt. 403
Miami, Fl. 33133

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

Same as Above

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: _____

   b. No authority granted to: Michel Valmaseda

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

   a. Granted to : Michel Valmaseda

   b. No authority granted to: _____

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Signature of authorized representative

Typed or printed name of signature

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

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