

L16000 190010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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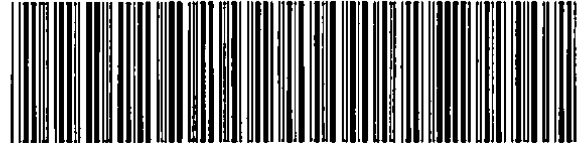
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 14 2019

T SCHROEDER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARCAPA 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:

Jose Selanikio

\_\_\_\_\_  
Name of Person

The Benhayoun Law Firm

\_\_\_\_\_  
Firm/Company

12000 Biscayne Blvd. Suite 221

\_\_\_\_\_  
Address

Miami, FL 33181

\_\_\_\_\_  
City/State and Zip Code

officemanager@benhayounlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Selanikio

\_\_\_\_\_  
Name of Person

at ( 305 ) 434-8233

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

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: CARCAPA LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000190010

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

12000 Biscayne Blvd.

Suite 221

North Miami, FL 33181

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

12000 Biscayne Blvd.

Suite 221

North Miami, FL 33181

**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 and/or may enter into a contract to sell or otherwise transfer real property held by the company.

a. Granted to : \_\_\_\_\_

b. No authority granted to: Pedro Raphael Khouri

2. May open, close, transfer funds to or from, the bank accounts of the company and may transact any other banking business on behalf of the company.

a. Granted to : Pedro Raphael Khouri

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



Signature of authorized representative

Carlos Castrejon

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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