

L19 0000 15229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

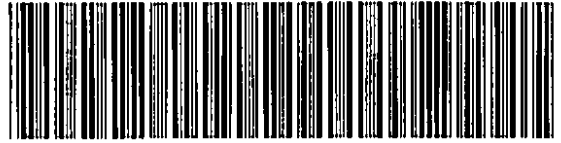
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C. GOLDEN
JUN 11 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Movi & Isolutions 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:

Robert Feldman

Name of Person

Law Offices of Robert Feldman, P.A.

Firm/Company

55 NE 5th Ave Ste 500

Address

Boca Raton, FL 33432

City/State and Zip Code

jmmmagro@icloud.com

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

For further information concerning this matter, please call:

Marisa Tamborrell Leon

561

289-7720

at ()

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

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: Movi & Isolutions LLC

SECOND: The Florida Document Number of the limited liability company is: L19000015229

THIRD: The street address of the limited liability company's principal office is:
1110 Brickell Ave
Suite200
Miami, Fl. 33131

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

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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.

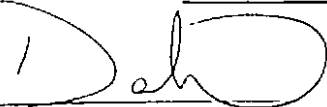
a. Granted to: Julio Alejandro Morales Magro and Marisa Tamborrell Leon

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: Julio Alejandro Morales Magro and Marisa Tamborrell Leon

b. No authority granted to: _____



Signature of authorized representative

Daniel Merlino

Typed or printed name of signature

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