

L19 000048579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

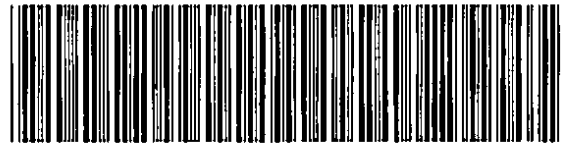
(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 23 2022

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FILED
2022 MAR 31 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF AUTHORITY

FILED

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company hereby makes the following statement of authority:

FIRST: The name of the limited liability company is: 3898 SHIPPING AVENUE, LLC ~~SECRETARY OF STATE~~ ~~TALLAHASSEE, FL~~

SECOND: The Florida Document Number of the limited liability company is: L19000048579

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

10281 SW 72 Street

Suite 106

Miami, Florida 33173

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

10281 SW 72 Street

Suite 106

Miami, Florida 33173

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

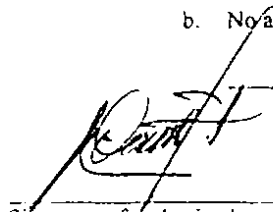
a. Granted to: Hector Castellon

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: Hector Castellon

b. No authority granted to: _____



Signature of authorized representative

Hector Castellon

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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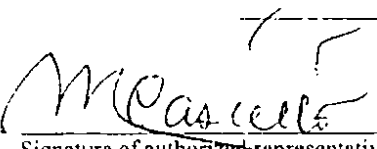
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b. No authority granted to: _____



Signature of authorized representative

Maira Castellon

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)