

L21000345305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

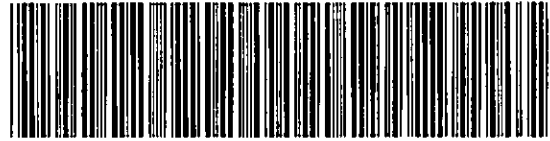
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kukurelo, 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:

Olga L. Dominguez, Paralegal
Name of Person

Cohen, Chase, Hoffman & Schimmel, P.A.
Firm/Company

9400 South Dadeland Blvd., Suite 600
Address

Miami, Florida 33156
City/State and Zip Code

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

For further information concerning this matter, please call:

Olga L. Dominguez, Paralegal at (305) 670-0201
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: Kukurelo, LLC

SECOND: The Florida Document Number of the limited liability company is: L21000345305

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

1 Grove Isle Drive
Apt 604
Miami, Florida 33133

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

1 Grove Isle Drive
Apt 604
Miami, Florida 33133

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.

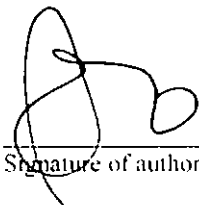
a. Granted to: Ignacio Delgado, Ariana Mayo, Susana Bachrach a/k/a
Susana Bachrach Blank - Acting Jointly or Individually

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: Ignacio Delgado, Ariana Mayo, Susana Bachrach a/k/a
Susana Bachrach Blank - Acting Jointly or Individually

b. No authority granted to: _____



Signature of authorized representative

Ariana Mayo

Typed or printed name of signature

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

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