

L13000128420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

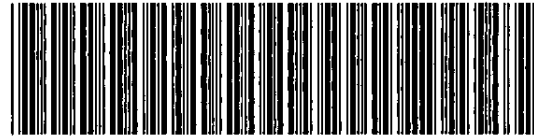
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n. BRUCE
MAR 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2017

MIRIAM POGGIO CARUGATI
2127 BRICKELL AVE 1204
MIAMI, FL 33129

SUBJECT: SARDANAPOLA LLC
Ref. Number: L13000128420

We have received your document for SARDANAPOLA LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 217A00004614

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sardanapola 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:

MIRIAM POGGIO CARUGATI

Name of Person

Firm/Company

2127 Brickell Av 1204

Address

Miami FL 33129

City/State and Zip Code

one.miriam@icloud.com

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

For further information concerning this matter, please call:

MIRIAM POGGIO CARUGATI at (**786**) **3562611**
Name of Person 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Sardanapola LLC

SECOND: The Florida Document Number of the limited liability company is: L13000128420

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

2127 BRICKELL AVENUE

APT 1204

MIAMI, FL 33129

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

2127 BRICKELL AVENUE

APT 1204

MIAMI, FL 33129

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.

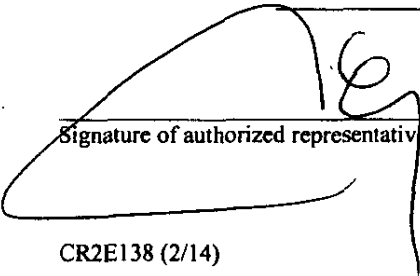
a. Granted to: MIRIAM POGGIO CARUGATI

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: MIRIAM POGGIO CARUGATI

b. No authority granted to: _____


Signature of authorized representative

MIRIAM POGGIO CARUGATI

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CLERK OF COURT
TALLAHASSEE, FLORIDA

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