

214000235894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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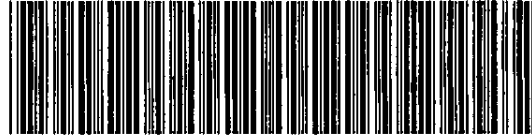
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 19390 COLLINS INVESTMENT 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:

Andrés Siso
Name of Person

A2S LLC
Firm/Company

8395 SW 73rd Ave, #501
Address

Miami, FL 33143
City/State and Zip Code

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

For further information concerning this matter, please call:

Andrés Siso at (786) 431.9145
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

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: 19390 COLLINS INVESTMENT LLC

SECOND: The Florida Document Number of the limited liability company is: L14000035894

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

18305 Biscayne Blvd. #401
Aventura, FL 33160

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

18305 Biscayne Blvd. #401
Aventura, FL 33160

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.

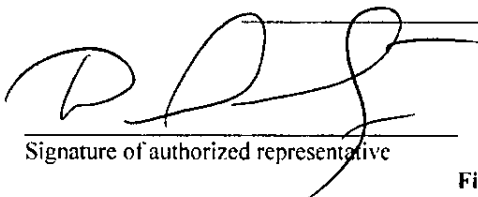
a. Granted to: DOROTEA L. GOMPERTZ

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: Andres Siso, in his capacity as
Manager of AZS LLC

b. No authority granted to: ./.


Signature of authorized representative

DOROTEA L. GOMPERTZ
Typed or printed name of signature

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

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