

L14 0000 35696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

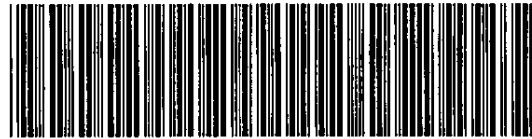
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 9195 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 73 rd 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

Name of Person.

at

786

Area Code

431.9145

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: 9195 COLLINS INVESTMENT LLC

SECOND: The Florida Document Number of the limited liability company is: L14000035696

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.

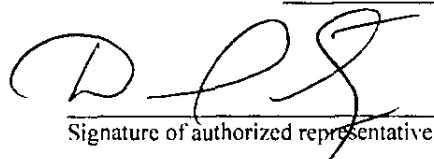
a. Granted to: DOROTEA L. GOMPERTZ

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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2010 APR 23 PM 12:34  
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TALLAHASSEE, FLORIDA