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08/23/22

NAME: SARMIENTO MIAMI, LLC

TYPE OF FILING: STATEMENT OF AUTHORITY

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#### COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT:	Sarmiento Miami, LLC	
robbito r	Name of Limited Lial	ability Company
Dear Sir or ?	Madam:	
The enclosed	ed Statement of Authority and fee(s) are submitted	d for filing.
Please return	rn all correspondence concerning this matter to the	e following:
Jonathan Le	leder, Esq	
	Name of Person	
Jonathan Le	.eder, PLLC	
	Firm/Company	<del></del>
1717 N. Bay	ayshore Drive Suite 215	
	Address	
Miami, FL 3	33132	
	City/State and Zip Code	
closings@m	magictitle.com	
E-r	-mail address: (to be used for future annual report r	notification)
For further in	information concerning this matter, please call:	
Jonathan Le	eder 30	05 514-0622
		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

	he name of the limited liability company is:  Sarmiento Miami, LLC	
SECOND:	The Florida Document Number of the limited liability company is: L1100007023	1
	The street address of the limited liability company's principal office is:	SECKLIVIET TALLAHA
M	liami, FL 33141	S)
	The mailing address of the limited liability company's principal office is:  135 Collins Ave #1021	SEE FL
<u>M</u>	liami, FL 33141	<u> </u>
osition of	This statement of authority grants or sets limitations of authority on all persons has a person in a company, whether as a member, transferee, manager, officer or otherwhee following:	
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