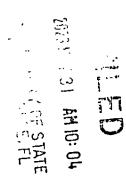
L12000096381

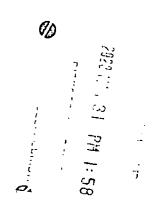
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DATE: 5/31/2023

NAME: AROMASS OVERSEAS LLC

TYPE OF FILING: STATEMENT OF AUTHORITY

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AUTHORIZATION: ABBIE/PAUL HODGE

Registration Section

TO:

COVER LETTER

Division of Corporations	
ADOMASS OVERSEAS ILC	
SUBJECT: AROMASS OVERSEAS, LLC Name of Limited L	Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are submitted	ted for filing.
Please return all correspondence concerning this matter to the	the following:
Rafael Simon Arocha	
Name of Person	
F:/6	
Firm/Company	
888 East Las Olas Blvd. Suite 502 Address	
Fort Lauderdale, FL 33301	
City/State and Zip Code	
closings@magictitle.com	
E-mail address: (to be used for future annual reportion further information concerning this matter, please call:	rt notification)
tuni	
	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E138 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

Pursuant to section authority:	on 605.0302(1), Florida Statutes, this limited l	iability company submits the following	ng statem	ent of
FIRST: The nar	me of the limited liability company is: AROM	IASS OVERSEAS, LLC		
SECOND: The	Florida Document Number of the limited liab	ility company is: <u>L12000096381</u>		
THIRD: The sti	reet address of the limited liability company's	principal office is:		
	E Las Olas Blvd.			_
	e 502 Lauderdale, FL 33301	•		40.55 20.55
		:	- 1 . 	·= .
The m	nailing address of the limited liability company	's principal office is:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	70 :0H NO: 04
	E Las Olas Blvd. e 502		المرايا	5
			곤즘	우
			1.,	
person on the fol	y execute an instrument transferring real propo a. Granted to: Rafael Simon Arocha Massi			
	b. No authority granted to:			
2. Ma	a. Granted to: Rafael Simon Arocha Mas	·	ny.	
	b. No authority granted to:			
DocuSigned by:	%	Rafael Simon Arocha		
Signature of auth	orized representative Filing Fee: Certified Copy:	Typed or printed name of : \$25.00 \$30.00 (optional)	signature	

CR2E138 (2/14)