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TO: **Registration Section** Division of Corporations

900 APARTMENTS LLC SUBJECT:

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:

Charles A. Guerra

Name of Person

900 APARTMENTS LLC

Firm/Company

7969 NW 2nd Street, #306

Address

Miami, FL 33126

City/State and Zip Code

KMGI1000@gmail.com

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

For further information concerning this matter, please call:

CHARLES A. GUERRA at (305) 297-0518 Name of Person 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

CR2E138 (2/14)

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STATEMENT OF AUTHORITY 21255Pursuant 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: _____

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

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

7969 NW 2nd Street

#306

Miami, FL 33126

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

7969 NW 2nd Street #306 Miami, FL 33126

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:

b. No authority granted to: _____

May enter into other transactions on behalf of, or otherwise act for or bind, the company. 2.

a. Granted to : _____A. Guerra

b. No authority granted to:	
& Land	
	Elsa F. Guerra
a ship	Carlos M. Guerra
Altria Liena	Alicia E. Guerra
Pha h d d	Charles A. Guerra
Signature of authorized representative	Typed or printed name of signature

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