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Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COSTADELSOL ENTERPRISES, LLC

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T. LEMIEUX
OCT 25 2019
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COSTADELSOL ENTERPRISES, 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:

Alexis I. Marrero Koratich, Esq.

Name of Person

Geoffrey M. Wayne, P.A.

Firm/Company

135 San Lorenzo Ave., PH 840

Address

Coral Gables, FL 33146

City/State and Zip Code

am@abogadomiami.com

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

For further information concerning this matter, please call:

Alexis I. Marrero Koratich, Esq.

Name of Person

at (305)

Area Code

381-8108

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: COSTADELSOL ENTERPRISES, LLC

SECOND: The Florida Document Number of the limited liability company is: L01000009786

THIRD: The street address of the limited liability company's principal office is:
11431 NW 107th St
SUITE 16
MIAMI, FL 33178

The mailing address of the limited liability company's principal office is:
11431 NW 107th St
SUITE 16
MIAMI, FL 33178

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: _____

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

a. Granted to: Gustavo Figueroa, Jose Arturo Figueroa,
Nidia Almareth Fiukowski & Jens Fiukowski

b. No authority granted to: _____

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2019 OCT 24 P 12 53
TALLAHASSEE, FLORIDA

Alexis I. Marrero Koratich
Signature of authorized representative

Alexis I. Marrero Koratich
Typed or printed name of signature

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