

**LD1000009786**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : GEOFFREY M. WAYNE, P.A.  
Account Number : 076770003401  
Phone : (305)381-8108  
Fax Number : (305)381-8109

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: GN@ATTORNEYMIAMI.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COSTADELSOL ENTERPRISES, LLC**

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**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. at 305 381-8108

Name of Person

Area Code

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: \_\_\_\_\_

  
Signature of authorized representative

Alexis I. Marrero Koratich

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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