

LD3000003499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

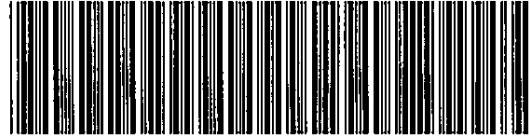
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600288629486

08/08/16--01037--015 \*\*25.00

FILED  
16 AUG 22 AM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/25/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2016

MARTHA POZO-DIAZ  
9260 SUNSET DRIVE, SUITE 119  
MIAMI, FL 33173

SUBJECT: ALCO DIVERSIFIED, LC  
Ref. Number: L03000003499

2016 AUG 22 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ALCO DIVERSIFIED, LC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 116A00016977

FILED  
16 AUG 22 AM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALCO DIVERSIFIED, LC

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:

MARTHA POZO-DIAZ, ESQ.

Name of Person

SOUTHERN TRUST AND TITLE COMPANY

Firm/Company

9260 SUNSET DRIVE, SUITE 119

Address

MIAMI, FL 33173

City/State and Zip Code

MPDIAZ@PDPLAWYERS.COM

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

For further information concerning this matter, please call:

MARTHA POZO-DIAZ, ESQ.

Name of Person

305

Area Code

412-7360

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

FILED  
16 AUG 22 AM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: ALCO DIVERSIFIED, LC

**SECOND:** The Florida Document Number of the limited liability company is: L03000003499

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

300 SW 107<sup>th</sup> Avenue #205  
Miami, FL 33174

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

**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: CARLOS ACOSTA


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: CARLOS ACOSTA

b. No authority granted to: \_\_\_\_\_

FILED  
16 AUG 22 AM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Signature of authorized representative

Carlos Acosta  
Typed or printed name of signature

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