

LO4000043916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

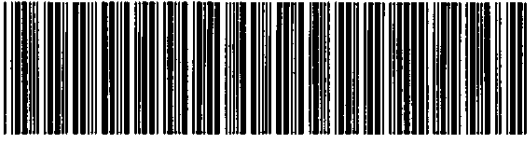
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700289360977

08/25/16--01028--008 **55.00

FILED
16 AUG 25 AM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016/08/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Knock Knock II, 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:

Gabriel Bodner, LLC
Name of Person

Nautilus Legal Services, P.A.
Firm/Company

150 SE 2nd Ave Ste PH1
Address

Miami FL 33131
City/State and Zip Code

gabriel@miamititlegroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriel Bodner at (305) 514-0600
Name of Person Area Code Daytime Telephone Number

FILED
16 AUG 25 AM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Knock Knock II, LLC

SECOND: The Florida Document Number of the limited liability company is: L04000043916

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

5970 Indian Creek drive
Unit 304 Miami Beach FL 33140

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

5970 Indian Creek drive
Unit 304 MIAMI BEACH FL 33140

FILED
16 AUG 25 AM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

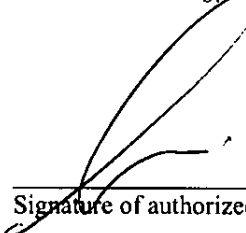
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

- a. Granted to: Juan Marcos GUARESCHI, Authorized person
Juan Marcos Guareschi Mujica, Authorized person
Valentina Mujica de GUARESCHI, Authorized person
- b. No authority granted to: Not Applicable

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

- a. Granted to: Juan Marcos GUARESCHI / Authorized person
Juan Marcos Guareschi Mujica, Authorized person
Valentina Mujica de GUARESCHI, Authorized person
- b. No authority granted to: Not Applicable



Signature of authorized representative

JUAN MARCOS GUARESCHI

Typed or printed name of signature

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