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18 FEB 19 PH 2 PE SECRETARY OF STATE TALLAHASSEE, FLORID

S. WARREN

FEB 1 9 2018

COVER LETTER

TO×

Registration Section
Division of Corporations

Name of Person	Area Code	Daytime Telephone Number
JOSE AVILA	786	443-6492
For further information concerning this matter, please cal	1:	
E-mail address: (to be used for future annual rep	ort notification)
amartinezmarmol@hotmail.com		
City/State and Zip Code		
MIAMI, FLORIDA 33176		
Address		
8950 SW 110TH AVENUE		
Firm/Company	<u> </u>	
IGUAZU INTERNATIONAL, LLC		
Name of Person		
JOSE AVILA		
Please return all correspondence concerning this matter	o the following	;
The enclosed Statement of Authority and fee(s) are subm	nitted for filing.	
Dear Sir or Madam:		
Name of Limite	d Liability Con	pany
SUBJECT: IGUAZU INTERNATIONAL, LLC		

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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Puneant to section 605. subority:				ATIONAL, LLC
PIRST: The name of the	e limited liability comp	eny is:		
				000006163
PHIRO: The street add	bress of the limited liabi	itity company's princip Aug all S	si office is:	
MIAM	, FLORIDA	33176		
The mailing	address of the limited h	iability company's prin	cipal office is:	
8950	SW 110th	AVENUE		
Miani,	FLORIDA 3	3176		 -
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	ade an instrument trans	·Corring real research he	id in the name of the n	
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ъ.	No euthority granted to	* PEDRO	MARTINEZ	
	er into other transaction			• •
8.	Graphed to: _AAIT	ONIO MARTIN	EZ MARNOL	
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/ b. \	No exharity graded to	o: tedro M	ARTINEZ_	
\searrow	12	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Make	16		Antonio Marti	nez Marmol
Signature of authoriza	d representative	William Programme	Typed or printer	name of signature
		Plling Pee: \$25. Certified Coper: \$30.	00 00 (antional)	

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FILED

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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA