

L09000007169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Falop Investments, 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:

Julio Gutierrez

Name of Person

Law office of Julio Gutierrez, P. A.

Firm/Company

2464 SW. 137 Avenue

Address

Miami, FL 33175

City/State and Zip Code

jgpa@msn.com

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

For further information concerning this matter, please call:

Julio Gutierrez

at (305)

325-8600

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: Falop Investments, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000007165

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

15001 SW. 71 Street

Miami, FL 33193

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

15001 SW. 71 Street

Miami, FL 33193

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: Alina Fallat-Lopez

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: Alina Fallat-Lopez

b. No authority granted to: _____


Signature of authorized representative

Alina Fallat-Lopez

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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FALLAHASSET.FLORIDA

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