

105000107468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

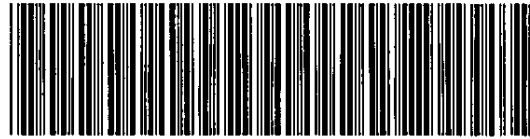
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400268716204

01/29/15--01024--009 **30.00

01/29/15--01024--008 **25.00

FILED
2015 JAN 30 PM 5:55
CLERK OF STATE
TALLAHASSEE FLORIDA

FEB 06 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creative RE-Solutions, LLC, a Florida limited liability company

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:

Jose L. Torres, Esq.

Name of Person

Alvarez Barbara, LLP

Firm/Company

1750 Coral Way, Second Floor

Address

Miami, Florida 33145

City/State and Zip Code

~~alex.pardo@gmail.com~~ alex.pardo@gmail.com

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

For further information concerning this matter, please call:

Jose L. Torres, Esq.

Name of Person

at (305)

Area Code

263-7700

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

CR2E138 (2/14)

FILED
2015 JAN 30 PM 5:55
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: Creative RE-Solutions, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000107668

THIRD: The street address of the limited liability company's principal office is:
13876 Southwest 56th Street, Unit No. 173, Miami, Florida 33175

The mailing address of the limited liability company's principal office is:
13876 Southwest 56th Street, Unit No. 173, Miami, Florida 33175

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: and only to, Alexander R. Pardo a/k/a Alex

Pardo

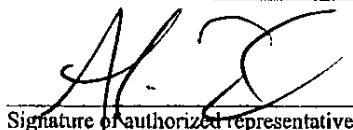
b. No authority granted to: _____

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

a. Granted to: and only to, Alexander R. Pardo a/k/a Alex

Pardo

b. No authority granted to: _____


Signature of authorized representative

Alexander R. Pardo

Typed or printed name of signature

Filing Fee: **\$25.00**

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

2015 JAN 30 PM 5:55
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED