## L07000105247

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## COVER LETTER

TO: Registration Section Division of Corporations		
Harlequin Property Management, LLC SUBJECT:		
Name of Limited Liability Comp	pany	
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:		
Yoleidis Gonzalez Fernandez		
Name of Person		
Harlequin Property Management, LLC		
Firm/Company		
8350 NW 52nd TER, Suite 210		
Address		
Doral, FL 33166		
City/State and Zip Code		
alain.lantigua@gmail.com		2016 - THE
E-mail address: (to be used for future annual report notification	)	
For further information concerning this matter, please call:		-5 T
Alain Lantigua 305	788-8310	
Name of Person Area Code	Daytime Telephon	ne 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

authority	t to section 605.0302(1), Plorida Statutes, this limited liability company submits the follows:	_	f
FIRST:	The name of the limited liability company is: Harlequin Property Managemen	t, LLC	
SECON	D: The Florida Document Number of the limited liability company is: L0700010524	7	<u> </u>
THIRD:	: The street address of the limited liability company's principal office is:  10021 SW 139 ST, Miami, FL 33176	-	
	The mailing address of the limited liability company's principal office is: 8350 NW 52nd TER, Suite 210, Doral, FL 33166	-	
position of	TH: This statement of authority grants or sets limitations of authority on all persons havin of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the compara.  a. Granted to: Yoleidis Gonzalez Fernandez	or to a specific	
	b. No authority granted to:	2016 J	ethers.
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the com  a. Granted to:  Yoleidis Gonzalez Fernandez	UL-5 D D	
	b. No authority granted to:	25	
	Alain Lantigua		
Signature	re of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	of signature	

CR2E138 (2/14)

Birth Contract