

LO 7000 1266042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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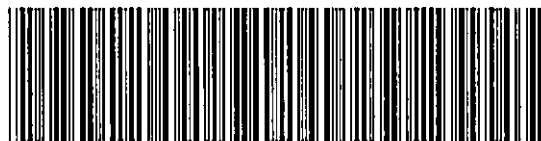
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JAN 22 2019  
T. L. FLETCHER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ABA AIR GROUP 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:

**IVAN A GUERRERO**

Name of Person

**IVAN A GUERRERO PA**

Firm/Company

**28 W FLAGLER STREET STE 555**

Address

**MIAMI, FL 33130**

City/State and Zip Code

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

For further information concerning this matter, please call:

**IVAN A GUERRERO** **786** **5369088**  
Name of Person at (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: ABA AIR GROUP LLC

SECOND: The Florida Document Number of the limited liability company is: L07000126642

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

10171 NW 58TH STREET UNIT 6

DORAL, FL 33178

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

10171 NW 58TH STREET UNIT 6

DORAL, FL 33178

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.

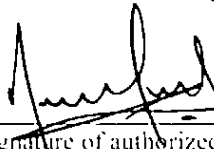
a. Granted to: SILVIA QUIROGA

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: SILVIA QUIROGA

b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

Rafael Garcia/Echoo Aviation

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)