

LOG000047819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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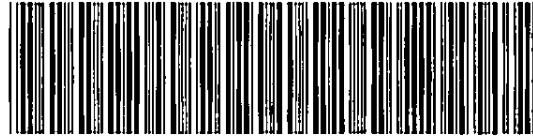
(Business Entity Name)

(Document Number)

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YS  
2/13/21

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INMACULADA, 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:

MANUEL A. PEREZ

Name of Person

HARPER MEYER PEREZ HAGEN ALBERT DRIBIN & DELUCA L

Firm/Company

201 S BISCAYNE BLVD SUITE 800

Address

MIAMI, FL 33131

City/State and Zip Code

MPEREZ@HARPERMEYER.COM

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

For further information concerning this matter, please call:

MANUEL A. PEREZ

305

577-3443

at ( )

Name of Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**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: INMACULADA, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L08000047819

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

3105 NW 107 AVENUE, SUITE 400

DORAL, FLORIDA 33172

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

3105 NW 107 AVENUE, SUITE 400

DORAL, FLORIDA 33172

**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: MARIA GABRIELA DAVILA

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: MARIA GABRIELA DAVILA

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

Signature of authorized representative

Benito Rodriguez, Director of  
Santisima Trinidad (BVI), Inc.

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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