

LOG000047819

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(Address)

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TALLAHASSEE, FL

CS
2/3/21

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

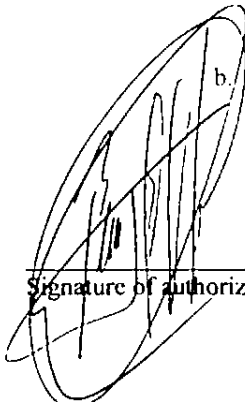
THIRD: The street address of the limited liability company's principal office is:
3105 NW 107 AVENUE, SUITE 400
DORAL, FLORIDA 33172

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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