

L08000066711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 APR 23 4:11:52
ID ALABAMA
SUFFICIENT FOR FILING

FILED
14 APR 23 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. March APR 24 2014

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lazaro Zilbermna LLC

Signature _____

Requested by: Seth

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- ☒ L.C. File Authority
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAZARO ZILBERMAN, 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:

LOUIS A. SUPRASKI

Name of Person

LOUIS A. SUPRASKI, P.A.

Firm/Company

2450 MIAMI GARDENS DRIVE

Address

MIAMI, FLORIDA, 33180

City/State and Zip Code

supraski@supraskilaw.com

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

For further information concerning this matter, please call:

LOUIS A. SUPRASKI, ESQ.

at (305)

792-0060

Name of Person

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: LAZARO ZILBERMA, LLC

SECOND: The Florida Document Number of the limited liability company is: L08000066711

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

2450 MIAMI GARDENS DRIVE

SECOND FLOOR

MIAMI, FLORIDA, 33180

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

2450 MIAMI GARDENS DRIVE

SECOND FLOOR

MIAMI, FLORIDA, 33180

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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: LOUIS A. SUPRASKI

b. No authority granted to: N/A

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

a. Granted to: LOUIS A. SUPRASKI

b. No authority granted to: N/A


Signature of authorized representative

LAZARO ZILBERMAN

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)