

LG 90000 37647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

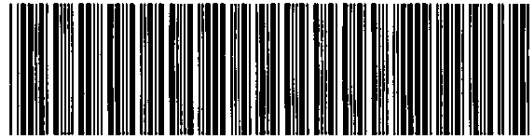
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUL 25 PM 12:56

TO: Registration Section
Division of Corporations

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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

954
at ()

Daytime Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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: Romy International Company, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000033647

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

1100 West Avenue

Apt. 321

Miami Beach, FL 33139

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

1100 West Avenue

Apt. 321

Miami Beach, FL 33139

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.

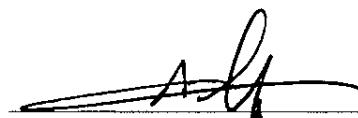
a. Granted to: LELLO CALO

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: LELLO CALO

b. No authority granted to: _____


Signature of authorized representative

LELLO CALO

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

16 JUL 25 PM 05:56