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COVER LETTER

TO: Registration Section Division of Corporations	
Fashion Caribe, 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:	
Gabriel Bodner, Esq.	
Name of Person	
Nautilus Legal Services, P.A.	
Firm/Company	. 540
150 SE 2nd Avenue, Suite PH1	17 FEB 27 M 9: 03
Address	8 2
Miami, FL 33131	五 (6)
City/State and Zip Code	اِ ۾
gbodner@nautiluslegal.com	ස ද
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Gabriel Bodner, Esq. 305 514-0600	_
Name of Person Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

CR2E138 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority:	5.0302(1), Florida Statutes, this limited liability company submits the follo	wing statement of
FIRST: The name of	the limited liability company is: Fashion Caribe, LLC	
SECOND: The Flori	da Document Number of the limited liability company is: L100000217	77
	ddress of the limited liability company's principal office is: er Woods Ct.	
Boca Rat	on, FL 33433	_
	g address of the limited liability company's principal office is: er Woods Ct.	_
Boca Rat	on, FL 33433	_
position of a person in person on the following	ement of authority grants or sets limitations of authority on all persons having a company, whether as a member, transferee, manager, officer or otherwising: Ecute an instrument transferring real property held in the name of the compandation: Ana Asuncion Sanchez Marulanda or Fernando Alejandro Reja Sanchez	e or to a specific
b.	No authority granted to:	AM 9: 03
2. May en a.	ter into other transactions on behalf of, or otherwise act for or bind, the com Granted to: Ana Asuncion Sanchez Marulanda or Fernando Alejandro Reja Sanchez	npany.
Signature of authorize	No authority granted to: ANA ASUN Typed or printed name Filing Fee: \$25.00 Certified Conv: \$30.00 (ontional)	- ucion Sanchez of signature MARULANDA

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)