

W10000010609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

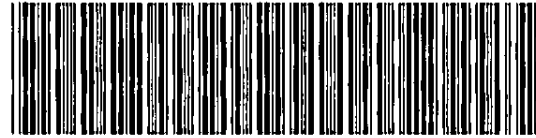
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIVEL INVESTMENTS 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:

ALEXANDER G CUBAS

Name of Person

ALEXANDER G CUBAS P.A.

Firm/Company

3105 NW 107 AVENUE STE 602A

Address

DORAL, FL 33172

City/State and Zip Code

ACUBAS@CUBASLAW.COM

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

For further information concerning this matter, please call:

ALEXANDER G CUBAS

305

595-6337

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

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: SIVEL INVESTMENTS LLC

SECOND: The Florida Document Number of the limited liability company is: L10000010609

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

3105 NW 107 AVENUE

SUITE 602A

DORAL, FL 33172

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

3105 NW 107 AVENUE

SUITE 602A

DORAL, FL 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.

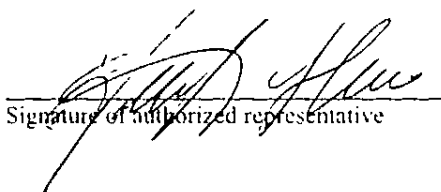
a. Granted to: LEONARDO INNOCENTI

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: LEONARDO INNOCENTI

b. No authority granted to: _____


Signature of authorized representative

SILVIO INNOCENTI

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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