L100000 41858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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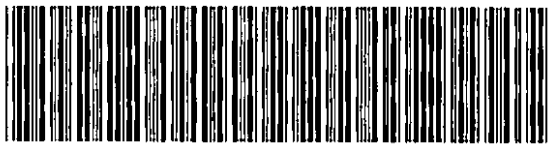

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R. WHITE
APR 13 2019

FILED
2019 APR -5 PM 12:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALIZES ONE 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:

DE FALGUIERES, WALDEMAR
Name of Person

Firm/Company

19821 nw 2 ave # 385
Address

Miami gardens, Florida , 33169
City/State and Zip Code

ffmservicesllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DE FALGUIERES, WALDEMAR at (954) 2137259
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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FILED

FIRST: The name of the limited liability company is:

ALIZES ONE LLC

2019 APR -5 PM 12:07

SECOND: The Florida Document Number of the limited liability company is: L10000041858

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

19821 nw 2 ave# 385miami gardens, FL 33169

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

19821 nw 2 ave# 385miami gardens, FL 33169

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: WALDEMAR DE FALGUIERES
   b. No authority granted to: DE FALGUIERES, CORINNE
      DE FALGUIERES, ALEXANDRA,DE FALGUIERES, CYR
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
   a. Granted to: DE FALGUIERES WALDEMAR
   b. No authority granted to: DE FALGUIERES, CORINNE
      DE FALGUIERES ALEXANDRA,DE FALGUIERES CYRI

de FALGUIERES Waldemar

Signature of authorized representative

DE FALGUIERES, WALDEMAF
Typed or printed name of signature

Filing Fee: $25.00
Certified Copy: $30.00 (optional)

CR2E138 (2/14)

Signature of authorized representative

de FALGUIERES, CORINNE
Typed or printed name of signature

Signature of authorized representative

de FALGUIERES, ALEXANDRA
Typed or printed name of signature

Signature of authorized representative

de FALGUIERES, CYRIAQUE
Typed or printed name of signature