

L10000048064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

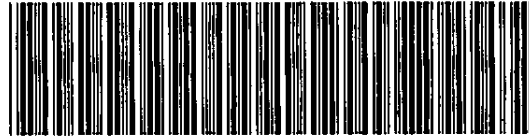
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 APR -5 A 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 08 2016

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LAW OFFICES
SULLIVAN, ADMIRE & SULLIVAN
PROFESSIONAL ASSOCIATION
2555 PONCE DE LEON BOULEVARD, SUITE 320
CORAL GABLES, FLORIDA 33134-6082

JOHN C. SULLIVAN (1890-1957)
JACK G. ADMIRE
JOHN C. SULLIVAN JR.
JOHN G. ADMIRE
ROBERT O. ADMIRE (1961-2006)
MICHELLE A. QUINTANA

AREA CODE 305
TELEPHONE 444-6121
FAX 444-5508
E-MAIL info@sullivanadmire.com
WEB PAGE www.sullivanadmire.com

March 28, 2016

CERTIFIED/RETURN RECEIPT
US MAIL
Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

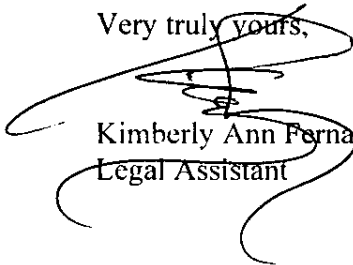
RE: Statement of Authority-Inversiones Mujica, LLC

Dear Sir/Madam:

Enclosed please find check no. 31711 for \$55.00 payable to the Division of Corporations in payment of filing the Statement of Authority and return of a certified copy with regards to the above referenced entity. Kindly, mail the certified copy to me in the self addressed envelope provided at your earliest convenience.

Should you have any questions, please give me a call at the number above.

Very truly yours,


Kimberly Ann Fernandez
Legal Assistant

enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inversiones Mujica, LLC, a Florida limited liability company

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:

Kimberly Ann Fernandez/Legal Assistant

Name of Person

Sullivan, Admire & Sullivan, P.A.

Firm/Company

2555 Ponce de Leon Blvd., Suite 320

Address

Coral Gables, FL 33134

City/State and Zip Code

kim.fernandez@sullivanadmire.com

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

For further information concerning this matter, please call:

Kimberly Ann Fernandez

at (

305

444-6121

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: Inversiones Mujica, LLC, a Florida limited liability company

SECOND: The Florida Document Number of the limited liability company is: L10000048064

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

3233 Commerce Parkway

Miramar, FL 33025

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

32333 Commerce Parkway

Miramar, FL 33025

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.

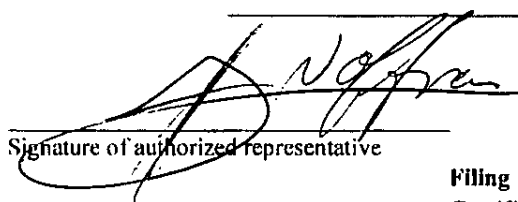
a. Granted to: Alexander Zambrano

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: _____

b. No authority granted to: _____


Signature of authorized representative

Victor Noffra, Sole Member

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TREASURER
CLERK
ASSISTANT
FLORIDA