

L10000111834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
FALL ARREST FILING

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AUG 09 2017  
J. HARRIS

**NELSON TARACIDO, PA**

8700 West Flagler Street  
Suite 290  
Miami, Florida 33174

786-888-1599 Office

866-832-8264 Facsimile

August 4, 2017

*Via Fed-Ex*

Florida Department of State  
Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, Florida 32301

***Re: Tecun Housing 5, LLC - Document Number - L12000073425  
EIN Number - 46-4872253***

Dear Sir/Madam:

Please find enclosed a Statement of Authority being submitted for recording. Upon its approval and filing, please provide our office with a certified copy of said Statement of Authority. Additionally, please find enclosed a check payable to Florida Department of State in the amount of \$55.00, representing the filing fee of the Statement of Authority and a certified copy of same.

Please return the original and certified copy of the Statement of Authority to our office in the self addressed FedEx envelope provided for your convenience.

Thank you in advance for your courtesy and prompt response to this matter.

Should you have any questions, please feel free to contact our office.

Sincerely,

/S/Joseph Varona, Esq.  
Associate Attorney to Nelson Taracido, Esq.

*Enc.*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TECUN HOUSING, 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:

Nelson Taracido

Name of Person

Nelson Taracido, P.A.

Firm/Company

8700 W. Flagler St., Suite 290

Address

Miami, Florida 33174

City/State and Zip Code

Nelson@ntpalaw.com

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

For further information concerning this matter, please call:

Nelson Taracido

Name of Person

at ( 786 )

Area Code

888-1599

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: TECUN HOUSING, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L10000111834

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

382 NE 191 St

#46180

Miami, Florida 33179-3899

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

382 NE 191 ST

#46180

Miami, Florida 33179-3899

**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.

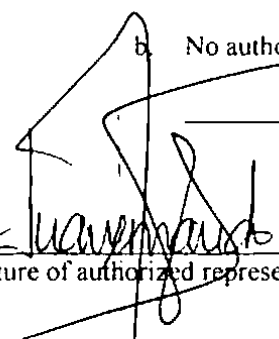
a. Granted to: Enrique J. Teran as Manager

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: Enrique J. Teran, as Manager

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Juan Fernando Serra Paiz

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA