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COVER LETTER

TO:	Registration Section Division of Corporations		•			
SUBJE	SAN JUAN BAUTISTA, LLC CT:		•			
	Name of Limited Li	ability Comp	oany			
Dear Si	or Madam:					
The enc	losed Statement of Authority and fee(s) are submitte	d for filing.				
Please r	eturn all correspondence concerning this matter to th	e following:				
MANU	EL A. PEREZ					
	Name of Person			დ წ	2071	
HARPE	ER MEYER PEREZ HAGEN ALBERT DRIBIN & I	DELUCA L		TALL	71 JAN	77
	Firm/Company			-1-3	l .	
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МІАМІ	, FL 33131			FAE	<u>3</u>	
	City/State and Zip Code					
MPERE	Z@HARPERMEYER.COM					
	E-mail address: (to be used for future annual report	notification)			
For furth	ner information concerning this matter, please call:					
MANU	EL A. PEREZ 3(05	577-3443			
	Name of Person A	\rea Code	Daytime Teleph	none 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 authority	to section 605.0302(1), Florida Statutes, this limited liability	company submits the following statement o	f
FIRST:	The name of the limited liability company is: SAN JUAN B.	AUTISTA, LLC	
SECON	D: The Florida Document Number of the limited liability con	npany is:	
	The street address of the limited liability company's principal 3105 NW 107 AVENUE, SUITE 400		
	DORAL, FLORIDA 33172		
	The mailing address of the limited liability company's prince 3105 NW 107 AVENUE, SUITE 400	cipal office is:	-¥-
	DORAL, FLORIDA 33172		(((((((((((((((((((
position	 This statement of authority grants or sets limitations of autof a person in a company, whether as a member, transferee, ment the following: May execute an instrument transferring real property helps. a. Granted to: MARIA GABRIELA DAVILA 	nanager, officer or otherwise or to a specific	
	b. No authority granted to:		
	May enter into other transactions on behalf of, or otherward. Granted to:	vise act for or bind, the company.	
//	b. No authority granted to:		
Signal	e of authorized representative	Benito Rodriguez, Director of Santisima Trinidad (BVI), Inc. Typed or printed name of signature	
Signatur	Filing Fee: \$25.00 Certified Copy: \$30.00		