

40000129244

(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
TALLAHASSEE, FLORIDA

DEC 21 2014
D. PRICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEJ DAROMA, 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:

Julie G. Cohen, Esquire

Name of Person

Strock & Cohen, Zipper Law Group, P.A.

Firm/Company

2900 Glades Circle, Suite 750

Address

Weston, Florida 33327

City/State and Zip Code

jcohen@strocklaw.com

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

For further information concerning this matter, please call:

Julie G. Cohen

Name of Person

954

Area Code

659-2220

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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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: LEJ DAROMA, LLC

SECOND: The Florida Document Number of the limited liability company is: L10000129244

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

247 SW 8th Street, PMB172

Miami, FL 33130

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

247 SW 8th Street, PMB172

Miami, FL 33130

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.

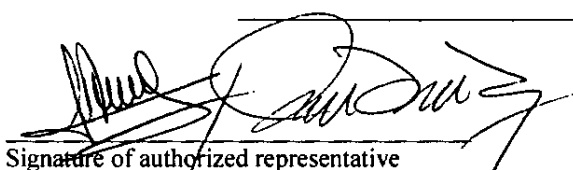
a. Granted to: JORGE M. BRUKMAN or LILIANA BRUKMAN,
either individually

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: JORGE M. BRUKMAN or LILIANA BRUKMAN,
either individually

b. No authority granted to: N/A


Signature of authorized representative

Liliana Brukman / Jorge M. Brukman
Typed or printed name of signature

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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