

L11 000042521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

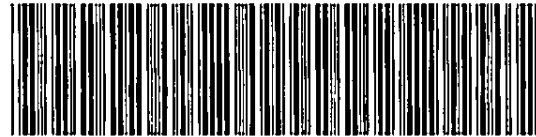
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700327398007

04/08/19--01036--004 **30.00

RECEIVED

APR 08 2019

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR - 8 PM 2:56

APR 12 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST SOBE PARTECIPATIONS 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:

BELFIORE Vincenzo Marco

Name of Person

FIRST SOBE PARTECIPATIONS LLC

Firm/Company

235 Lincoln Road suite 200

Address

Miami Beach - FL., 33139

City/State and Zip Code

belfiore.mvbconsulting@gmail.com

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

For further information concerning this matter, please call:

BELFIORE Vincenzo Marco

at (+33)

6896270

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR - 8 PM 2:56

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: FIRST SOBE PARTECIPATIONS LLC

SECOND: The Florida Document Number of the limited liability company is: L11000042521

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

130 3RD Street SUITE 105

MIAMI BEACH FL., 33139

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

235 Lincoln Road suite 200

Miami FL., 33139

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.

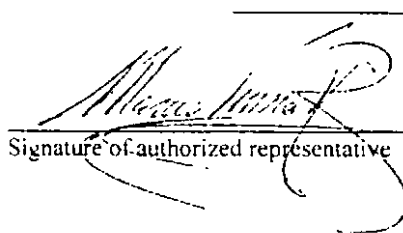
a. Granted to: Marco Vincenzo BELFIORE

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: Marco Vincenzo BELFIORE

b. No authority granted to: _____


Signature of authorized representative

Marco Vincenzo BELFIORE

Typed or printed name of signature

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR -8 PM 2:56