

K11 000050271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

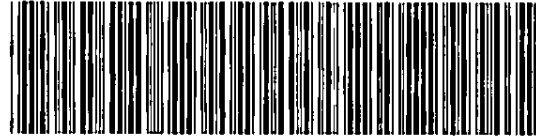
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AUG 27 2021  
AUG 27 2021

*Handwritten signature*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DOLIMMO, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIE G. COHEN

Name of Person

STROCK & COHEN, ZIPPER LAW GROUP P.A.

Firm/Company

2900 Glades Cir., Ste 750

Address

Weston, FL 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

**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 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: DOLIMMO, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000050271

THIRD: The street address of the limited liability company's principal office is:  
4311 SW 160 AVE., UNIT 1-202  
MIRAMAR, FL 33027

The mailing address of the limited liability company's principal office is:  
P.O. BOX 450474  
SUNRISE, FL 33180

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:

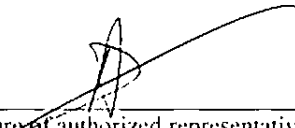
1. May execute an instrument transferring real property held in the name of the company.

- a. Granted to: ARNAUD DOLIGNON or JULIE G. COHEN
- 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: ARNAUD DOLIGNON or STEPHANE QUIRIN  
or DIANA CACHO
- b. No authority granted to: \_\_\_\_\_

AUG 27 AM 11:13

  
\_\_\_\_\_  
Signature of authorized representative

ARNAUD DOLIGNON  
\_\_\_\_\_  
Typed or printed name of signature

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