

L11 000061675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 26 2017

J CHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA CIMA, 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:

PEDRO P. SAEZ

Name of Person

SAEZ & ASSOCIATES

Firm/Company

777 BRICKELL AVENUE, SUITE 1110

Address

MIAMI, FL 33131

City/State and Zip Code

PSAEZ@SAEZLAW.COM

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

For further information concerning this matter, please call:

MARIELA VECCHIO

Name of Person

305

Area Code

3580028

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: LA CIMA, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000068679

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

770 CLAUGHTON ISLAND DRIVE

UNIT 1914

MIAMI, FL 33131

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

770 CLAUGHTON ISLAND DRIVE

UNIT 1914

MIAMI, FL 33131

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:

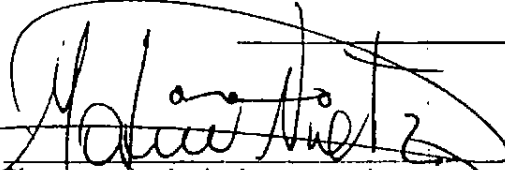
a. Granted to: MANUEL H. POLINI

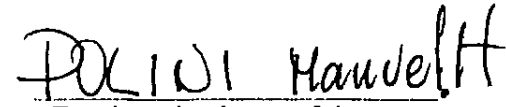
b. No authority granted to: N/A

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

a. Granted to: MANUEL POLINI MONTERO

b. No authority granted to: N/A


Signature of authorized representative


Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)