## 111000093375

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## COVER LETTER

Division of Corporations
SUBJECT: ALEXSA SEALT UC 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:
ALEJ ANDRO ZAJAC  Name of Person
Firm/Company
7011 LochNess DRIVE
Address
MIAMI LAKES, FUORIDA 33014  City/State and Zip Code
ALEXZAJ @ GMAIL . COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALEJANOPO ZAJÁC 305, 824-9818
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

Registration Section

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability c authority:	^	following statement of
FIRST: The name of the limited liability company is: ALEXY	A KEALTY	uc
SECOND: The Florida Document Number of the limited liability com	L 110000 pany is: 180	93375
THIRD: The street address of the limited liability company's principal  7011 Loch Ness Drive	office is:	
Miami Lakes, FLORIDA 3	3014	
The mailing address of the limited liability company's princi	pal office is:	
MIAMI LAKES, FLORID	1 3300	<u>t</u>
FOURTH: This statement of authority grants or sets limitations of authority position of a person in a company, whether as a member, transferee, maperson on the following:  1. May execute an instrument transferring real property held  a. Granted to: ALEJANDO ZAJÀC	in the name of the c	erwise or to a specific
AND/ORSHARON ZAJAC -	, 27,000.55	
b. No authority granted to:		
2. May enter into other transactions on behalf of, or otherwina. Granted to: ALEJANDRO ZAJAC AND/OR SHARON ZAJAC		e company.
b. No authority granted to:		
Olgan M.	ALEJAND	RO ZAJÁC
Signature of authorized representative Filing Fee: \$25.00	Typed or printed	name of signature