

L11000106094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

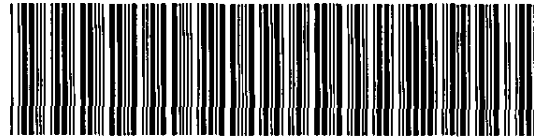
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/23/15--01026--025 **25.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 FEB 23 PM 4:17
NOT RECORDED
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FILED
15 FEB 23 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 24 2015

T. HAMPTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Consulting Vasquez LLC

Signature _____

Requested by: SETH

02/20/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: consulting vasquez 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:

Mirta Abreu
Name of Person

Diego L. Restrepo, P.A.
Firm/Company

2600 So. Douglas Road, Ste. 913
Address

Coral Gables, Florida 33134
City/State and Zip Code

mirta@restrepolaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mirta Abreu at (786) 347-8560
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

STATEMENT OF AUTHORITY

I, Humberto Moncada, 603.0307(1), Florida Statute, this limited liability company hereby certifies that I am the authorized representative of the company.

FIRST: The name of the limited liability company is: CONSULTING
VASQUEZ LLC, a Florida limited liability company

SECOND: The Florida Document Number of the limited liability company is: L11000106094

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

7270 NW 12 Street

PH 8

MIAMI, Florida 33126

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

2600 SO. Douglas Road

Suite 913

Coral Gables, FL 33134

FOURTH: This statement of authority grants or sets limitations of authority to all persons having the status of possessor of a company, whether as a member, transferee, manager, officer or otherwise or as a specific person of the following:

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

a. Granted to: MIRTA ABREU, as manager

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: MIRTA ABREU, as manager

b. No authority granted to:

Signature of authorized representative

Humberto Moncada

Typed or printed name of signant

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR21138(2/14)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 23 AM 9:51

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