

L11000 112505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

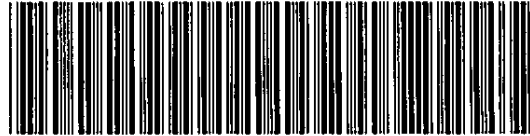
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

JUL 28 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LATIN AMERICAN FOODS, 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:

Jose B. Rodriguez

Name of Person

Firm/Company

490 Sawgrass Corp. Parkway, Suite 320

Address

Ft. Lauderdale, Florida 33325

City/State and Zip Code

jrodriguez@dkdr.com

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

For further information concerning this matter, please call:

Jose B. Rodriguez

Name of Person

at 954

Area Code

577.8332

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: Latin American Foods, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000112505

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

18400 N.W. 75th Place, Suite 101

Miami, Florida 33015

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

18400 N.W. 75th Place, Suite 101

Miami, Florida 33015

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.

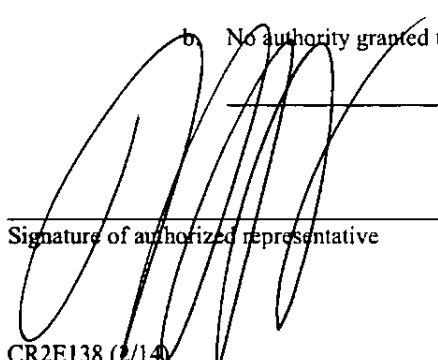
a. Granted to: _____

b. No authority granted to: Otto Oliva

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

a. Granted to: _____

b. No authority granted to: Otto Oliva



Signature of authorized representative

Jose B. Rodriguez

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA