

L1100011 2505

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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

Fl. 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

557-8332

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: OTTO OLIVA

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: _____

b. No authority granted to: _____


Signature of authorized representative

JOSE B. RODRIGUEZ

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP 20 PM 3:04

APPROVED
AND
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