

L11000125403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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C.L.  
4-24-15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VILLACIS GROUP 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:

PATRICIA O ESPINOSA, ESQ.

Name of Person

PATRICIA O ESPINOSA, P.A.

Firm/Company

2950 SW 27 AVENUE SUITE 210

Address

MIAMI, FLORIDA 33133

City/State and Zip Code

PATTY@PESPINOSALAW.COM

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

For further information concerning this matter, please call:

PATRICIA O ESPINOSA

Name of Person

305

Area Code

448-5252

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: VILLACIS GROUP LLC

**SECOND:** The Florida Document Number of the limited liability company is: L11000125403

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

150 N STATE ROAD 7

HOLLYWOOD, FL 33021

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

150 N STATE ROAD 7

HOLLYWOOD, FL 33021

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DIVISION OF CORPORATIONS  
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**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 I VACA VILLACIS

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: MANUEL I VACA VILLACIS

b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

Manuel I Vaca Villacis  
\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)