## L11000135405

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## **COVER LETTER**

	gistration Section vision of Corporations		
	CV Management LLC (L110	00135405)	
SUBJECT:	Name of L	imited Liability Comp	pany
Dear Sir or l	Madam:		
The enclose	d Statement of Authority and fee(s) are	submitted for filing.	
Please return	n all correspondence concerning this m	atter to the following:	
Jonathar	n Diernbach, Esq.		
	Name of Person		
Dean J.	Trantalis, Esq.		
	Firm/Company		
2255 Wil	ton Drive		
	Address	<del></del>	
Wilton M	anors, FL 33305		
	City/State and Zip Code		
jon@tran	ntalis.com		
E-	mail address: (to be used for future ann	ual report notification	)
For further i	information concerning this matter, ple	ase call:	
Jon Dierr	nbach	954 at ()	566-2226
	Name of Person	Area Code	Daytime Telephone Number
	REET/COURIER ADDRESS: gistration Section	MAILING ADDRESS: Registration Section	
	vision of Cornerations	Division of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

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## STATEMENT OF AUTHORITY

authority:  FIRST: The name of the limited liability company is:  CV Management LLC	latement of
SECOND: The Florida Document Number of the limited liability company is: L11000135405	
THIRD: The street address of the limited liability company's principal office is: 605 Lincoln Road	
Suite 450	
Miami, FL 33139	
The mailing address of the limited liability company's principal office is: 650 NW 180th Terrace	
Suite 103	
Pemborke Pines, FL 33029	
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the sposition of a person in a company, whether as a member, transferee, manager, officer or otherwise or person on the following:  1. May execute an instrument transferring real property held in the name of the company.  a. Granted to:  Matteo Cornali  b. No authority granted to:	status or a specific
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.  a. Granted to:  Matteo Cornali	
b. No authority granted to:	
Christian Paul Gerard Vo	entisette
Signature of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	ature

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