

L 12000011219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

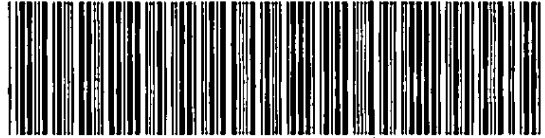
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4/13

Office Use Only



900311697839

04/17/18--01012--011 **25.00

FILED
2018 APR 13 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN

APR 18 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2018

ROLON LLC
ATTN: ALEJANDRO PIQUET
2640 S UNIVERSITY DR., APT. 328
DAVIE, FL 33328

SUBJECT: ROLON LLC
Ref. Number: L12000011219

We have received your document for ROLON LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 718A00006316

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2018 APR 13 PM 1:50

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rolod 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:

Alejandro Piquet
Name of Person

Rolod LLC.
Firm/Company

2640 S University Dr Apt 328.
Address

Douie FL 33328.
City/State and Zip Code

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

For further information concerning this matter, please call:

Alejandro Piquet at 954, 260-9565.
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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2018 MAR 26 PM 1:35

RECEIVED

No. 11

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: Polon LLC.

SECOND: The Florida Document Number of the limited liability company is: L 12000011219

THIRD: The street address of the limited liability company's principal office is:
2640 S University Dr. # 328.
Davie FL 33328.

The mailing address of the limited liability company's principal office is:
2640 S University Dr. # 328.
Davie FL 33328.

FILED
2018 APR 13 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

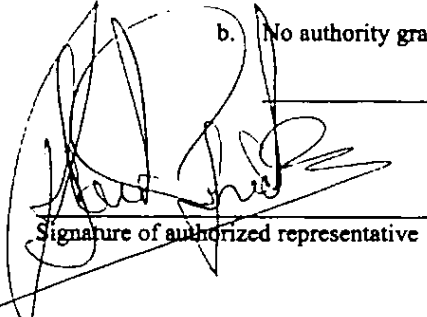
a. Granted to: Alejandro Piquero.

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: Alejandro Piquero.

b. No authority granted to: _____


Signature of authorized representative

Alejandro Piquero
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)