## U2000030702

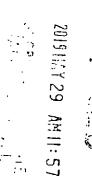
| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



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R. WHITE
JUL 18 2019

| Div           | vision of Corporations                   |                         |                          |
|---------------|--|-------------------------|--------------------------|
| SUBJECT:      | JAUJA LLC                                |                         |                          |
| 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: |                          |
| Darin W.      | Mellinger                                |                         |                          |
|               | Name of Person                           |                         |                          |
| MELLING       | GER TITLE SERVICES LLC                   |                         |                          |
|               | Firm/Company                             |                         |                          |
| 1200 N.       | FEDERAL HIGHWAY SUITE                    | 200                     |                          |
|               | Address                                  |                         |                          |
| BOCA R        | ATON, FL 33432                           |                         |                          |
|               | City/State and Zip Code                  |                         |                          |
| gsg@me        | ellingerlaw.com                          |                         |                          |
| E-            | mail address: (to be used for future ann | ual report notification | 1)                       |
| For further   | information concerning this matter, ple  | ase call:               |                          |
| Darin W       | Mellinger                                | 561                     | 210-8570                 |
|               | 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

CR2E138 (2/14)

TO:

Registration Section

## STATEMENT OF AUTHORITY

| FIRST: The name of                   | the limited liability compar   | ny is: JAUJA LL                    | С   |              |                    |
|--------------------------------------|--------------------------------|------------------------------------|---|--------------|--------------------|
| SECOND: The Florid                   | a Document Number of the       | e limited liability co             | ompany is: L12000030702   | 2            |                    |
| THIRD: The street ad<br>4000 HOL     | dress of the limited liability | y company's princi<br>IITE 140-N   | pal office is;  |              |                    |
| HOLLYWO                              | OOD, FL 33021                  |                                    |   |              |                    |
|                                      | address of the limited liabi   |                                    | ncipal office is:   |              |                    |
| HOLLYWO                              | OOD, FL 33021                  |                                    |   |              |                    |
| erson on the following  1. May execu | company, whether as a m<br>;   | ember, transferee, n               | uthority on all persons having manager, officer or otherwise of the company | or to a spec | o iii 2019 F.A.Y 2 |
| b. N                                 |                                |                                    |   | · .          | 9 AH II:           |
|                                      |                                | behalf of, or otherw               | vise act for or bind, the compa   | ny.          | 57                 |
| b. N                                 | o authority granted to:        |                                    |   |              |                    |
| gnature of authorized                | disex)                         |                                    | Armando Raul Fachii   |              | <u> </u>           |
| Jumin Communical                     | Filing                         | Fee: \$25.00<br>fied Copy: \$30.00 |   | signature    |                    |

CR2E138 (2/14)

Signature of authorized representative

Mora Fachinat

Typed or printed name of signature

Mora Fachinat

Typed or printed name of signature

Roberto J. Fachinat

Typed or printed name of signature

Roberto J. Fachinat

Typed or printed name of signature

Agustina Fachinat Fachinat

Typed or printed name of signature

Agustina Fachinat Fachinat

Typed or printed name of signature

Carla Fachinat

Typed or printed name of signature

Signature of authorized representative