

L/2000071370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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D. BRUCE
MAR 14 2017



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**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

March 10, 2017

MIRIAM POGGIO CARUGATI
2127 BRICKELL AVE 1204
MIAMI, FL 33129

SUBJECT: MORRONE MIAMI, LLC
Ref. Number: L12000071370

We have received your document for MORRONE MIAMI, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 417A00004613

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Morrone Miami 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:

MIRIAM POGGIO CARUGATI

Name of Person

Firm/Company

2127 Brickell Av 1204

Address

Miami Fl 33129

City/State and Zip Code

one.miriam@icloud.com

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

For further information concerning this matter, please call:

MIRIAM POGGIO CARUGATI at (**786**) **3562611**
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

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TALLAHASSEE, FLORIDA

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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: Morrone Miami LLC

SECOND: The Florida Document Number of the limited liability company is: L12000071370

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

2127 BRICKELL AVENUE

APT 1204

MIAMI, FL 33129

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

2127 BRICKELL AVENUE

APT 1204

MIAMI, FL 33129

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.

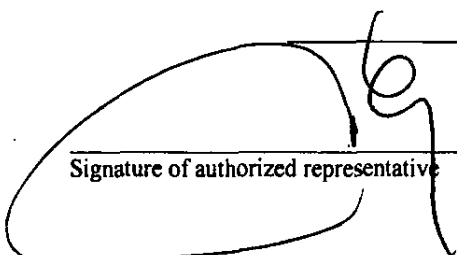
a. Granted to: MIRIAM POGGIO CARUGATI

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: MIRIAM POGGIO CARUGATI

b. No authority granted to: _____


Signature of authorized representative

MIRIAM POGGIO CARUGATI

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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