

L120000 89210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 06 2016  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Southern Bricks 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:

PABLO E. FIORONI

Name of Person

SOUTHERN BRICKS LLC

Firm/Company

1549 NE 123RD ST

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

pablo.fioroni@gmail.com

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

For further information concerning this matter, please call:

Pablo E. Fioroni

Name of Person

at ( 786 ) 220 3358

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

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: Southern Bricks LLC

SECOND: The Florida Document Number of the limited liability company is: L12000089210

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

1549 NE 123 Rd St  
North Miami, FL 33161

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

1549 NE 123 Rd St  
North Miami, FL 33161

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.

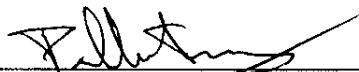
a. Granted to: Pablo E. Fioroni

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: Pablo E. Fioroni

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

  
Signature of authorized representative

Pablo E. Fioroni  
Typed or printed name of signature

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

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