

# L12000091072

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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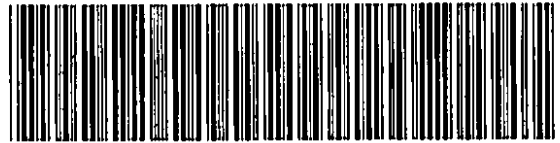
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KISSCLER, 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:

Laura Lefebvre, Esq.

Name of Person

Pathman Lewis, LLP

Firm/Company

2 S. Biscayne Blvd., Suite 2400

Address

Miami, FL 33131

City/State and Zip Code

llefebvre@pathmanlewis.com

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

For further information concerning this matter, please call:

Gaby Arzola

305

379-2425

at ( )

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

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: KISSCLER, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000091072

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

1454 Morning Star Drive

Clermont, FL 34714

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

44 West Flagler Street, Suite 2300

Miami, FL 33130

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: Cecile Cantos-Pringuet or Lilian Cantos, if  
Cecile Cantos-Pringuet is unable.

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: Cecile Cantos-Pringuet or Lilian Cantos, if  
Cecile Cantos-Pringuet is unable.

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

  
\_\_\_\_\_  
Signature of authorized representative

Cecile Cantos-Pringuet  
\_\_\_\_\_  
Typed or printed name of signature

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

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