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**DATE: 4/8/2022**

**NAME: AROMASS OVERSEAS LLC**

**TYPE OF FILING: STATEMENT OF AUTHORITY**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atomass Overseas 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:

Jonathan Leder  
Name of Person

Jonathan Leder PLLC  
Firm/Company

1717 N. Bayshore Drive Suite 215  
Address

Miami FL 33132  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jonathan Leder at ( 305 ) 514-0622  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: Aromass Overseas, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000096381

THIRD: The street address of the limited liability company's principal office is:  
1717 North Bayshore Drive Unit 215  
Miami, FL 33132

The mailing address of the limited liability company's principal office is:  
1717 North Bayshore Drive Unit 215  
Miami, FL 33132

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.

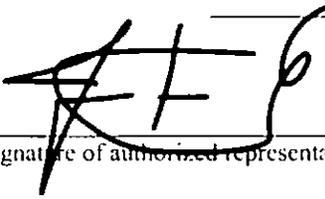
a. Granted to: Pierina Arocha Massi Ferrante

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: Pierina Arocha Massi Ferrante

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

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

Rafael Simon Arocha Urbina  
\_\_\_\_\_  
Typed or printed name of signature

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

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