

L12000096433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

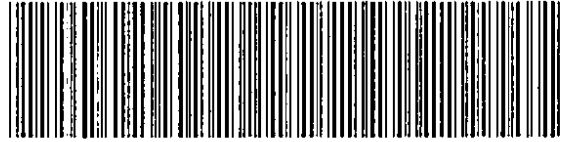
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/27/20--01009--008 **55.00

RECEIVED
AUG 27 PM 1:39

2020 AUG 27 AM 9:25

C. GOLDEN

AUG 28 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Por Fin, LLC

Signature

Requested by: SETH

08/26/20

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

☒ L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

☒ Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: For Fin, 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:

Marci Lowman, Esq.

Name of Person

Lowman Law, P.A.

Firm/Company

8620 NE 2 Avenue

Address

Miami, Florida 33138

City/State and Zip Code

ML@LowmanTitle.com

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

For further information concerning this matter, please call:

Marci Lowman, Esq.

Name of Person

786

Area Code

703-4162

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: Por Fin, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000096433

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

1660 SOUTH BAYSHORE CT.

APT #302

MIAMI, FL 33133

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

1660 SOUTH BAYSHORE CT.

APT #302

MIAMI, FL 33133

7 11 27 AM 9:25

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.

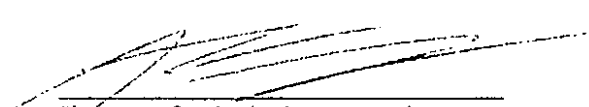
a. Granted to: Marci Lowman

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: _____

b. No authority granted to: _____


Signature of authorized representative

Andres Vasquez, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)