

L12000 105698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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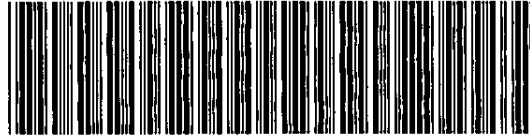
(Business Entity Name)

(Document Number)

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2015 OCT 23 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 26 2015  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Conchetta Soleil 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:

**GERARDO IOZZIA**

Name of Person

**Conchetta Soleil LLC**

Firm/Company

**3900 NW 79 Avenue, Suite 438**

Address

**Miami, FL 33166**

City/State and Zip Code

hierrro Palermo@gmail.com

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

For further information concerning this matter, please call:

Gerardo Iozzia

Name of Person

at (

305

Area Code

592 7771

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: Conchetta Soleil LLC

**SECOND:** The Florida Document Number of the limited liability company is: L12000105698

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

11601 NW 89 Street

Apt. 219

Doral, FL 33178

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

3900 NW 79 Avenue, Suite #438

Miami, FL 33166

**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: GERARDO IOZZIA


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: GERARDO IOZZIA

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

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2015 OCT 23 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

  
Signature of authorized representative

GERARDO IOZZIA  
Typed or printed name of signature

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