

L12000106453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

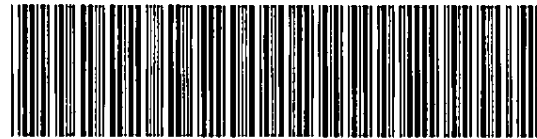
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marvig LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maggie Walsh

Name of Person

Distinctive Title Services Inc

Firm/Company

12012 South Shore Blvd #102

Address

Wellington, Florida 33414

City/State and Zip Code

mwalsh@distinctivetitle.com

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

For further information concerning this matter, please call:

Maggie Walsh

Name of Person

561

Area Code

515-0832

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: Marvig LLC
L12000106453

SECOND: The Florida Document Number of the limited liability company is: L12000106453

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

932 Cracker Street

West Palm Beach, Florida 33413

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

932 Cracker Street

West Palm Beach, Florida 33413

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of a person in a company, whether as a member, transferee, manager, officer or otherwise or in a specified person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Fernando Angel Calimaris Lenzi and
Martha Maria Vignola Risotto

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Fernando Angel Calimaris Lenz and
Martha Maria Vignola Risotto

b. No authority granted to: N/A


Signature of authorized representative

Fernando Angel Calimaris Lenz
Typed or printed name of signature

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

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FILED
CLERK OF DISTRICT COURT
STATE OF FLORIDA