

L12000123380

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DATE: 05/10/22

NAME: BECO MIAMI LLC

TYPE OF FILING: STATEMENT OF AUTHORITY

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beco Miami, 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

Firm/Company

1717 N. Bayshore Drive Suite 215

Address

Miami, FL 33132

City/State and Zip Code

closing@magictitle.com

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

For further information concerning this matter, please call:

Jonathan Leder

Name of Person

305
at ()

Area Code

514-0622

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: Beco Miami, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000123380

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

7135 Collins Ave

Unit 1021

Miami, FL 33141

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

7135 Collins Ave

Unit 1021

Miami, FL 33141

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: Jonathan Leder

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

Diego Bergara Braudakis

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA