

**L12000123463**

\_\_\_\_\_  
(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



**200289578332**

08/29/16--01028--026 \*\*25.00

**FILED**

2016 AUG 29 A 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 30 2016

J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alliance One International 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:

Martha I. Castellanos

\_\_\_\_\_  
Name of Person

Alliance One International LLC

\_\_\_\_\_  
Firm/Company

4474 Weston Rd. Suite 379

\_\_\_\_\_  
Address

Weston, FL 33331

\_\_\_\_\_  
City/State and Zip Code

alliance1intl@gmail.com

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

For further information concerning this matter, please call:

Martha I. Castellanos

\_\_\_\_\_  
Name of Person

954

\_\_\_\_\_  
Area Code

600-0914

\_\_\_\_\_  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 AUG 29 A 10:45

FILED

**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: Alliance One International LLC

**SECOND:** The Florida Document Number of the limited liability company is: L12000123463

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

4474 Weston Rd. Suite 379

Weston, FL 33331

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

4474 Weston Rd. Suite 379

Weston, FL 33331

**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: Jorge Sepulveda

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: Jorge Sepulveda (who also has the authority to acquire and/or sale real property in the name of the Co.)

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

  
Signature of authorized representative

Martha I. Castellanos

Typed or printed name of signature

**Filing Fee: \$25.00**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 AUG 29 A 10:45

FILED