L12000125967

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Bebini LLC			
, O Da 1,		imited Liability Co	mpany	
Dear Sir	or Madam:			
The enc	losed Statement of Authority and fee(s) are	submitted for filin	g.	
Please r	eturn all correspondence concerning this n	natter to the following	ng:	
Manuel	A. Larrien			
	Name of Person			
Bebini :	.LC			
	Firm/Company		_	
3971 S	V 8 ST, Suite 205			
	Address		_	
Miami,	FL 33134			
	City/State and Zip Code		_	
malarri	eu@poinhomes.com			
	E-mail address: (to be used for future ann	nual report notificati	on)	
For furt	ner information concerning this matter, ple	ase call:		
Manuel	A. Larrieu	305 at (345-7240	
	Name of Person	Area Code	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 Stauthority:	atutes, this limited liability company submits the following statement of			
FIRST: The name of the limited hability of	company is:			
SECOND: The Florida Document Numbe	r of the limited liability company is: L12000125967			
THIRD: The street address of the limited in 3971 SW 8 ST. Suite 205	liability company's principal office is:			
Coral Gables, FL 33134				
The mailing address of the limite 3971 SW 8 ST, Suite 205	mailing address of the limited liability company's principal office is: SW 8 ST, Suite 205			
Coral Gables, FL 33134				
position of a person in a company, whether person on the following:	ants or sets limitations of authority on all persons having the status or as a member, transferee, manager, officer or otherwise or to a specific ansferring real property held in the name of the company.			
	to: Solution All Solution Solutio			
2. May enter into other transacti	η ω Veigting I. Values			
b. No authority granted	10:			
DocuSigned by:	Manuel A. Larrieu			
Signature of authorized representative	Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)			