

L12000126200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Start  
of Action

03/15/18--01023--001 \*\*30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2018 MAR 15 PM 4:00

N. CAUSSEAU

MAR 16 2018



March 14, 2018

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FEDEX

re: Pagarmi LLC

Dear Sirs:

Enclosed please find original Statement of Authority to be filed. Also, our check in the amount of \$30.00 for filing a certified copy. Kindly return the certified copy using the enclosed fedex airbill and envelope.

Thank you.



Annabel Fernandez  
President

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAGARMI 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:

**ANNABEL FERNANDEZ**

Name of Person

Firm/Company

**10261 SW 72 ST, SUITE C 101**

Address

**MIAMI, FL 33173**

City/State and Zip Code

**AFERNANDEZ@EXPRESSTITLESERVICES.NET**

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

For further information concerning this matter, please call:

**ANNABEL FERNANDEZ**

**305**

**274-8200**

at ( )

Name of Person

Area Code

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: PAGARMI LLC, a Florida limited liability company

**SECOND:** The Florida Document Number of the limited liability company is: 6-12000126200  
~~46-1115882~~

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

13847 SW 109 Lane

Miami, FL 33186

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

13847 SW 109 Lane

Miami, FL 33186

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2018 MAR 15 PM 4:00

**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.

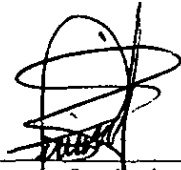
a. Granted to: German Llosa

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

MIGUEL GARCIA

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)