

L12000144914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

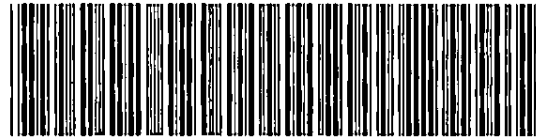
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 19 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELLARоба VIZCAYNE 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:

Marci Lowman, Esq.

Name of Person

Lowman Law, P.A.

Firm/Company

8620 NE 2 Avenue

Address

Miami, Florida 33138

City/State and Zip Code

ML@LowmanTitle.com

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

For further information concerning this matter, please call:

Marci Lowman, Esq.

786

703-4162

at (_____) _____

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 Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Bellaroba Vizcayne LLC
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SECOND: The Florida Document Number of the limited liability company is: L12000144914
FL

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

253 NE 2nd St, Unit 3708

Miami, FL 33132

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

6701 SUNSET DRIVE, SUITE 100

MIAMI, FL 33143

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.

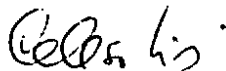
a. Granted to: Marci Lowman

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: Marci Lowman

b. No authority granted to: _____



Signature of authorized representative

Rita Cecilia Cescolini, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)