

L12000144914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

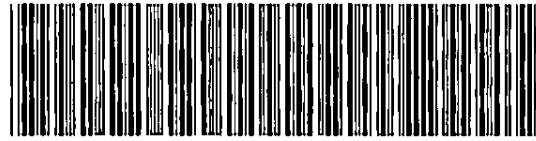
(Business Entity Name)

(Document Number)

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JUN 19 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BELLAROBA 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  
*02/11/11 - 2 PM 4:41*

**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: \_\_\_\_\_

*Rita Cecilia Cescolini*  
Signature of authorized representative

Rita Cecilia Cescolini, Manager  
Typed or printed name of signature

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**