

L13000006777

(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



800280742038

01/27/16--01023--023 **30.00

FILED
16 FEB 11 PM 2:48
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

FEB 12 2016

Y SULKER



RECEIVED

2016 FEB 12 AM 11:20

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 2, 2016

MIRIAM GOMEZ MARTINEZ
4763 SW 8TH STREET
CORAL GABLES, FL 33134

SUBJECT: II CUORE DI NAPOLI LLC
Ref. Number: 800280742038

We have received your document for II CUORE DI NAPOLI LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 516A00002110

JOE ROSS CFO AND POA
For MIRIAM GOMEZ MARTINEZ
IL CUORE DI NAPOLI LLC
4763 SW 8th Street
Coral Gables, Florida 33134

Mailing Address:

JOE ROSS CFO AND POA
For MIRIAM GOMEZ MARTINEZ
IL CUORE DI NAPOLI LLC
1795 Calais Drive
SUITE 2
Miami Beach, Florida 33139

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

REF NUMBER: 800280742038

Dear Yasmin Y. Sulker

Enclosed is all the documentation that shows that IL CUORE DI NAPOLI LLC does exist under the laws of the State of Florida. I believe the error was in the reading if IL as II rather than the Latin/Italian forms of "IL"

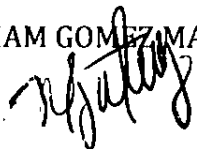
Please correct this matter and issue the statement of authority to the sole existing owner, which is MIRIAM GOMEZ MARTINEZ.

Sincerely,

JOE ROSS
CFO of the Company: IL CUORE DI NAPOLI

Accepted by:

MIRIAM GOMEZ MARTINEZ



COVER LETTER

TO: Registration Section
Division of Corporations

Il Cuore Di Napoli LLC

SUBJECT: _____
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:

Miriam Gomez Martinez

Name of Person

Il Cuore Di Napoli LLC

Firm/Company

4763 SW 8th Street

Address

Coral Gables, Florida 33134

City/State and Zip Code

llcuoredinapoli4929@gmail.com

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

For further information concerning this matter, please call:

Miriam Gomez Martinez

Name of Person

786

Area Code

602-6239 60

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

MAILING ADDRESS:
1795 Calais Drive
Apt 2
Miami Beach,
FL 33141

16 FEB 11
#786-853-
3086

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: Il Cuore Di Napoli LLC

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

THIRD: The street address of the limited liability company's principal office is:
4763 SW 8th Street

Coral Gables, Florida 33134

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

~~same as described above~~ *SEND ALL CORRESPONDENCE TO*
MIRIAM GOMEZ MARTINEZ
1795 CALAIS DRIVE APT #2
MIAMI BEACH, FL 33147-0000

MAIL FILE
1

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:

Miriam Gomez Martinez

- a. Granted to: _____

- b. No authority granted to: Mr. Rosario Di Pierno

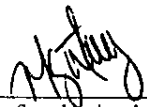
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

Miriam Gomez Martinez

- a. Granted to: _____

- b. No authority granted to: Mr. Rosario Di Pierno

16 FEB 11 PM 2:48



Signature of authorized representative

Miriam Gomez Martinez

Typed or printed name of signature

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