

U3000049184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

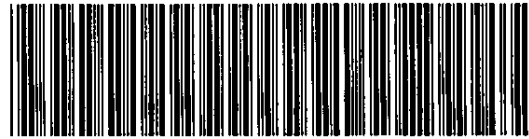
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16 OCT 31 PM 5:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARNALDO VÉLEZ, P.A.

ARNALDO VÉLEZ
ATTORNEY AT LAW

35 ALMERIA AVENUE
CORAL GABLES, FL 33134

TELEPHONE: (305) 461-9499
TELECOPIER: (305) 461-9498
E-MAIL: AVELEZ@VELEZLAWOFFICES.COM

October 28, 2016

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

RE: Floridana Capital LLC
L13000049184

Gentlemen:

Enclosed is our firm's check in the sum of \$55.00 representing the filing fee (including certified copy fee) for the enclosed Statement of Authority.

Please return a certified copy of this filing at the earliest convenience.

Very truly yours,


ARNALDO VÉLEZ

AV/gv
enc.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 31 PM 5:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Floridana Capital 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:

Arnaldo Velez

Name of Person

Arnaldo Velez, P.A.

Firm/Company

35 Almeria Avenue

Address

Coral Gables, FL 33134

City/State and Zip Code

avelez@velezlawoffices.com

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

For further information concerning this matter, please call:

Arnaldo Velez

Name of Person

305

Area Code

461-9499

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 31 PM 5:00

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: Floridana Capital LLC

SECOND: The Florida Document Number of the limited liability company is: L13000049184

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

150 SE 25 ROAD, Unit 5B, Miami, FL 33129

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

150 SE 25 ROAD, Unit 5B, Miami, FL 33129

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.

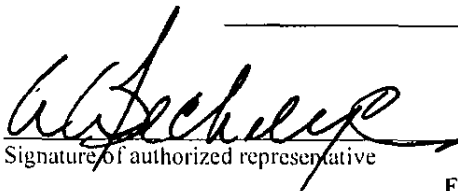
a. Granted to: Antonio Bechily Carreno

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: Antonio Bechily Carreno

b. No authority granted to: _____


Signature of authorized representative

Antonio Bechily Carreno

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

16 OCT 31 PM 5:00

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TALLAHASSEE, FLORIDA