

L130000 52025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

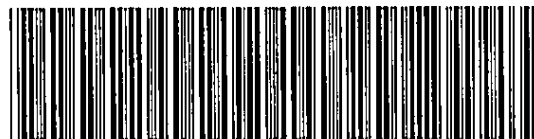
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

OCT 07 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOSPATOS LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adrian E. Irias, Esq.

\_\_\_\_\_  
Name of Person

Garcia-Menocal Irias & Pastor LLP

\_\_\_\_\_  
Firm/Company

368 Minorca Avenue

\_\_\_\_\_  
Address

Coral Gables FL 33134

\_\_\_\_\_  
City/State and Zip Code

adrian@gmilaw.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrian E. Irias, Esq.

305

400-9652

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: LOSPATOS LLC

SECOND: The Florida Document Number of the limited liability company is: L13000052025

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

1101Brickell Avenue # 310546

Miami, FL 33231

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

1101Brickell Avenue # 310546

Miami, FL 33231

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specified person on the following:

1. May execute an instrument transferring real property held in the name of the company:

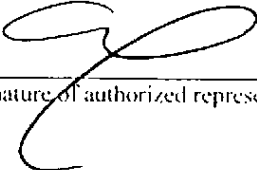
a. Granted to: Hernan Gambertoglio

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

ADRIAN RIVAS

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FL

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