

11/07/23, 1:41 PM

L13000083758

Division of Corporations
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Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076524003440
Phone : (305)444-6226
Fax Number : (305)442-4829

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOLEIL 65, LLC**

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K. SALY

NOV - 8 2023

H23000386673 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLEIL 65, 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:

LAURA KOHN

Name of Person

ARAZOZA & FERNANDEZ-FRAGA P.A.

Firm/Company

2100 SALZEDO STREET, SUITE 300

Address

CORAL GABLES, FL 33134

City/State and Zip Code

LAURA@ARAZOZA.COM

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

For further information concerning this matter, please call:

LAURA KOHN

305

444-6226 EXT 233

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

H23000386673 3

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: SOLEIL 65, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000083758

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

2447 GREENBRIER CT

WESTON, FL 33327

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

2447 GREENBRIER CT

WESTON, FL 33327

FILED
2023 NOV -7 PM 8:08
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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: ADRIANA RIVAS DE GIL

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: ADRIANA RIVAS DE GIL

b. No authority granted to: _____

x Adriana Rivas
Signature of authorized representative

Adriana Rivas De Gil, Sole Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)