

L17000691519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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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: VELASQUEZ OSPINA
INVESTMENT, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000091519

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

9737 NW 41 STREET
SUITE 749
MIAMI, FL 33178

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

SAME

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: LUIS VELASQUEZ

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: LUIS VELASQUEZ

b. No authority granted to: _____

[Signature]
Signature of authorized representative

SILVIA OSPINA
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

STATE OF FLORIDA
COUNTY OF Dade

The foregoing instrument was acknowledged before me
this 16 day of July, 20 14
by Silvia Ospina

Francisco Abad
Print, Type of Stamp name of Notary
Personally Known _____ or Produced Identification X
Type of Identification Produced colombian ID

