

From: Baldy Martinez
9/27/2018

Fax: (305) 415-1371

To: (850) 617-6383

Fax: +18506176383

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Division of Corporations

L13000100823

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BALDY MARTINEZ P.A.
Account Number : I20110000042
Phone : (305)454-5804
Fax Number : (305)454-5808

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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SADEMO USA, LLC

| | |
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TALLAHASSEE, FLORIDA

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K. SALY

SEP 28 2016

FAX

Date: 09/27/2016

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| To: | +18506176383 |
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| | |
| Phone | |
| Fax Number | +18506176383 |

| | |
|-------------------|---------------------------|
| From: | Baldy Martinez |
| | Baldy Martinez P.A. |
| | 1999 SW 27 Avenue, 2nd Fl |
| | Miami |
| | FL 33145 |
| | |
| Phone | 17863176511 |
| Fax Number | (305) 615-1371 |

NOTE:

Fwd:

H160002406143

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SADEMO USA, 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:

BALDY MARTINEZ, P.A.

Name of Person

BALDY MARTINEZ, P.A.

Firm/Company

1999 S.W. 27 AVENUE, 1ST FLOOR

Address

MIAMI, FL 33145

City/State and Zip Code

EMIGDIOSUAREZ@GMAIL.COM

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

For further information concerning this matter, please call:

BALDY MARTINEZ, P.A.

at (305) 454-5804

Name of Person

Area Code

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

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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: SADEMO USA, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000100823

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

5901 S.W. 74 STREET, SUITE 410

MIAMI, FL 33143

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

5901 S.W. 74 Street, Suite 410

Miami, FL 33143

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CLERK OF STATE
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.

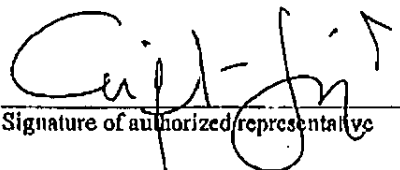
a. Granted to: Emigdio Suarez

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: Emigdio Suarez

b. No authority granted to:


Signature of authorized representative

Emigdio Suarez
Typed or printed name of signature

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

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