

L13000124014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000304854290

11/07/17--01027--003 \*\*25.00

FILED

2017 NOV - 7 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
NOV - 8 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sisters and Cousins, 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:

Daniel J. Serber

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

Serber & Associates, P.A.

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

2875 NE 191st Street, Suite 801

\_\_\_\_\_  
Address

Aventura, FL 33180

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

djs@serberlawfirm.com

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

For further information concerning this matter, please call:

Daniel J. Serber

at (

305

932.6262

)  
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

## 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: Sisters and Cousins, LLC

**SECOND:** The Florida Document Number of the limited liability company is:  
L13000124014

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

7660 SW 83RD CT  
MIAMI, FL 33143

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

7660 SW 83RD CT  
MIAMI, FL 33143

**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.

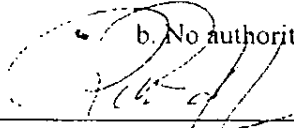
a. Granted to: Patricia E Rodriguez and/or Silvana Flores, as Managers, who may act individually to represent the Company in any transaction. The signature of either Manager shall serve to bind the Company.

b. No authority granted to: N/A

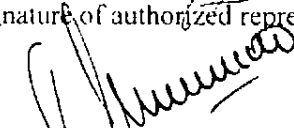
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Patricia E Rodriguez and/or Silvana Flores, as Managers, who may act individually to represent the Company in any transaction. The signature of either Manager shall serve to bind the Company.

b. No authority granted to: N/A

  
\_\_\_\_\_  
Signature of authorized representative

Patricia E Rodriguez  
\_\_\_\_\_  
Typed or printed name of signature

  
\_\_\_\_\_  
Signature of authorized representative

Silvana Flores  
\_\_\_\_\_  
Typed or printed name of signature

FILED  
2017 NOV -7 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA