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SECRETARY OF STALE. TALLAMASSEE, FLORIDA

JUL 13 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
Carioca LLC SUBJECT:	
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:	
Jamie Tarich	
Name of Person	
The Tarich Law Firm P.A.	
Firm/Company	
19495 Biscayne Boulevard, Suite 606	
Address	→ ₹8
Aventura, FL 33180	CRE CRE
City/State and Zip Code	16 JUL 12
jamie@thetarichlawfirm.com	2 Mar
E-mail address: (to be used for future annual report notification)	2: 35
For further information concerning this matter, please call:	35
Jamie Tarich 305 503-5096	
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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority:	limited liability company is:	nited liability company submits the follow	ring statement of
		,	
SECOND: The Florida E	Occument Number of the limite	d liability company is:_L1300013179	7
	ess of the limited liability comp		~
Miami, FL 33	3179		to Ju
The mailing ad - 779 NE 193r	dress of the limited liability con	mpany's principal office is:	TE JUL 12 PM 2: 35
Miami, FL 33	3179		अ विकास
position of a person in a coperson on the following: 1. May execute	ompany, whether as a member, an instrument transferring real nted to: The Tarich Law F , bills of sale, affidavits,	-	or to a specific y. nd amendments thereto,
b. No	authority granted to:		
		of, or otherwise act for or bind, the comp	any.
b. No	authority granted to:		
			Managing Member of the Managing Member
Signature of authorized re	Filing Fee:	Typed or printed name of \$25.00 opy: \$30.00 (optional)	t signature