

L13000150300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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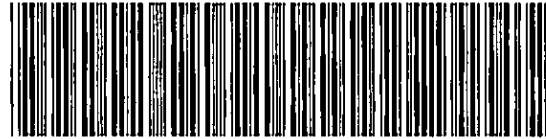
(Business Entity Name)

(Document Number)

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S. WARREN

NOV 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amici Miel, 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:

Danielle Blankstein

Name of Person

Lisa Pearson, P.A.

Firm/Company

1688 Maridian Ave, 7th Floor

Address

Miami Beach, FL 33139

City/State and Zip Code

danielle@lisapearsonpa.com

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

For further information concerning this matter, please call:

Danielle Blankstein

Name of Person

at (305)

Area Code

866-8655

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: Amici Miel LLC

SECOND: The Florida Document Number of the limited liability company is: L13000150300

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

4779 COLLINS AVENUE #3804

MIAMI BEACH, FL 33140

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

4779 COLLINS AVENUE #3804

MIAMI BEACH, FL 33140

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: Giulio Polidori, as Member

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: Giulio Polidori, as Member

b. No authority granted to: _____

Giulio Polidori
Signature of authorized representative

GIULIO POLIDORI
Typed or printed name of signature

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA