

L14000012552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

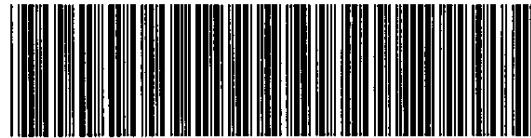
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 SEP 14 P 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cary Herrera, Legal Assistant

Aran Correa & Guarch, P.A.
255 University Drive
Coral Gables, FL 33134
P: 305.665.3400
F: 305.665.2250
cherrera@acg-law.com

Aran
Correa
+ Guarch

September 13, 2016

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Converlogic Inter LLC
Statement of Authority

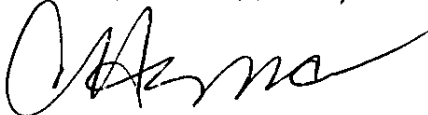
Dear Sir or Madam:

The undersigned encloses herewith our firm's check number 1050 in the amount of \$25.00 to pay for the filing of the Statement of Authority for the above referenced client.

Once the filing has been completed, please return the original document in the self-addressed envelope provided.

Thank you for your attention to this matter, if you have any questions or comments please do not hesitate to contact the undersigned.

Very truly yours,
ARÁN CORREA & GUARCH, P.A.



Cary Herrera
Legal Assistant

/ch

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Converlogic Inter 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:

Fernando S. Aran, Esq.

Name of Person

Aran Correa & Guarch, P.A.

Firm/Company

255 University Drive

Address

Coral Gables, FL 33134

City/State and Zip Code

t.homa@converlogic.com

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

For further information concerning this matter, please call:

Cary Herrera

at (305) 665-3400

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

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: Converlogic Inter LLC

SECOND: The Florida Document Number of the limited liability company is: L14000018552

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

3045 NW 82nd Avenue, Doral, FL 33122

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

3045 NW 82nd Avenue, Doral, FL 33122

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:

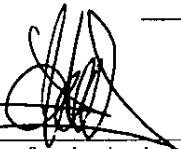
a. Granted to: Jose Luis Horna

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: Jose Luis Horna

b. No authority granted to: _____


Signature of authorized representative

Jose Luis Horna
Typed or printed name of signature

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