## L140000 26725

(Re	questor's Name)					
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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## COVER LETTER .

Division of C			
SUBJECT:	ENVIOS DAL LLC		
	ne of Limited Liability C		
Dear Sir or Mada	nm:		
	tement of Authority and concerning this matter to	• •	itted for filing. Please return all
	mente, Registered Agent ie of Person	<u>.                                    </u>	
Firm	/Company	<del></del>	
	o <sup>TH</sup> AVENUE UNIT C-9 ddress		
Miami, Flori City/S	da 33122 tate and Zip Code	_	
E-mail address⊗	to be used for future ann	ual report notif	ication)
Information conc	eerning this matter, pleas	e call:	
Name of Person	·	at <u>(352)</u>	8709083  Daytime Telephone Number
Name of Cison		Area Coue	Daytime retephone Number
	RIER ADDRESS:		MAILING ADDRESS
Register Section Division of Corp	oratione		Registration Section Division of Corporations
Clifton Building	wanens		P.O Box 6327
2661 Executive (	Penter Circle		Tallahassee, Florida
	ee. Florida 32301		rananasce, rionga

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1),	Florida Statutes,	this limited	liability ec	ompany s	ubmits the
following statement of authority:					

**FIRST:** The name of the limited liability company is: ENVIOS DAL LLC **SECOND:** The Florida Document Number of the limited liability company is: 1.14000026329 **THIRD:** The street address of the limited liability company's principal office is: 2365 NW 70<sup>TH</sup> AVE UNIT C-9 MIAMI, FL 33122 The mailing address of the limited liability company's principal office is: 2365 NW 70<sup>TH</sup> AVE UNIT C-9 MIAMI, 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: LUIS DI CLEMENTE b. No authority granted to: N/A 2. May execute an instrument transferring real property held in the name of the company a. Granted to: DUBRASKA MALAVE b. No authority granted to: N/A LUIS DI CLEMENTE Signature of authorized representative Typed or printed name of signature **DUBRASKA MALAVE** Typed or printed name of signature Signature of authorized representative

Filling Fee: \$25.00

Certified Copy: \$30.00(optional)

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