

L140000 24329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

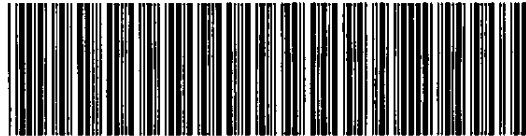
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 08 2015

J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ENVIOS DAL 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:

Luis Di Clemente, Registered Agent  
Name of Person

Firm/Company

2050 Coral Way Suite 205  
Address

Coral Gables, Florida 33145  
City/State and Zip Code

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

Information concerning this matter pleases call:

Lorena M Brieva

Name of Person

at (305) 5920052  
Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Register Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
32314 Tallahassee, Florida 32301

**MAILING ADDRESS**

Registration Section  
Division of Corporations  
P.O Box 6327  
Tallahassee, Florida

**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: ENVIOS DAL LLC

**SECOND:** The Florida Document Number of the limited liability company is: L14000026329

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

2050 Coral Way Suite 205 Coral Gables, FL 33145

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

2050 Coral Way Suite 205 Coral Gables, FL 33145

**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: CARLA DI CLEMENTE

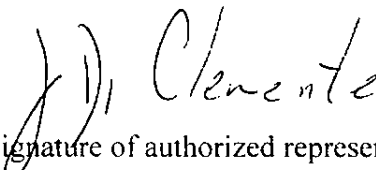
b. No authority granted to: N/A

2. May execute an instrument transferring real property held in the name of the company.

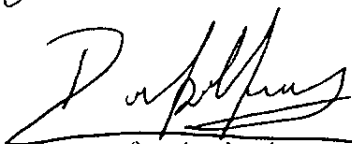
a. Granted to: CARLA DI CLEMENTE

b. No authority granted to: N/A

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15 DEC -7 AM 10:40  
STATE OF FLORIDA  
TALLAHASSEE

  
Signature of authorized representative

LUIS DI CLEMENTE  
Typed or printed name of signature

  
Signature of authorized representative

DUBRASKA MALAVE  
Typed or printed name of signature

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