

L14 0000 34427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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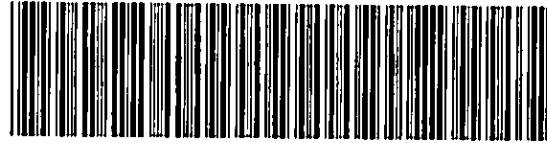
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

202

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEY TRUE INVESTMENTS 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:

N. BETTY GONZALEZ, ESQ.

Name of Person

LAW OFFICES OF N. BETTY GONZALEZ P.A.

Firm/Company

2151 S. LE JEUNE RD STE 200

Address

CORAL GABLES, FL 33134

City/State and Zip Code

NBETTY@NBG-LAW.NET

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

For further information concerning this matter, please call:

N. BETTY GONZALEZ 305 4284800
Name of Person at () Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: KEY TRUE INVESTMENTS LLC

SECOND: The Florida Document Number of the limited liability company is: L14000034427

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

150 OCEAN LANE DR 3H, KEY BISCAYNE FL 33149

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

150 OCEAN LANE DR 3H, KEY BISCAYNE FL 33149

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TALLAHASSEE, FL

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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: Eduin Gil Tobon AND Ana Isabel Cadavid Duque

b. No authority granted to: Mercelena De Maria Auxilia Restrepo

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Eduin Gil Tobon AND Ana Isabel Cadavid Duque

b. No authority granted to: Mercelena De Maria Auxilia Restrepo

Mercelena Restrepo
Signature of authorized representative

Mercelena De Maria Auxilia Restrepo
Typed or printed name of signature

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