

L14000043744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 25 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZUNA 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:

Mario Zuluaga
Name of Person

Firm/Company

14951 Royal Oaks Ln Apt 1601
Address

NORTH MIAMI / FLORIDA 33181
City/State and Zip Code

MARIOZULUAGA1042@gmail.com
E-mail address! (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIO Zuluaga at (726) 5430515
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

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TALLAHASSEE, FLORIDA

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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: ZUVA LLC

SECOND: The Florida Document Number of the limited liability company is: 114000043744

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

14951 Royal Oaks Ln. Apt 1601
North Miami, Florida 33181

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

14951 Royal Oaks Ln. Apt 1601
North Miami, Florida 33181

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: Maria C. Zuluaga

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: Maria C. Zuluaga

b. No authority granted to: _____


Signature of authorized representative

Lilliam Vargas J.

JOHN HENRY ZULUAGA

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Lilliam Vargas J.

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TALLAHASSEE, FLORIDA

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