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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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K. SALY SEP 25 2017

COVER LETTER

TO: Registration Section Division of Corporations
Santa Madeira, LLC, a Florida limited company
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:
Flavio Ize, Jr
Name of Person
Firm/Company
9579 Barleta Winds Point
Address
Delray Beach FL 33446
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
eaha Norvell, Esq at (511) 358-127127
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

		Santa Mac	laira II.C. a limitad l	liability compa
IRST: The name of	the limited liability	company is: Santa Mac	ieira, ELO, a iiriileu i	паршту соттран
ECOND: The Floric	la Document Numb	er of the limited liability co	L140000577	09
		I liability company's princip		
		Boca Raton, Florida 3		
				- Absolution
_		ted liability company's prin	ncipal office is:	MISER COLETON
				- - 5
	- :			
=		ransferring real property he ssa Cichon Ize	-	any.
b.	No authority grante	d to:		
2 May ant	ar into other transco	tions on baball of an askam	unica act for an hind the co-	manı
		ctions on behalf of, or other essa Cichon Ize	wise act for or bind, the coi	mpany.
		essa Cichon Ize	wise act for or bind, the cor	mpany.
a	Granted to:			mpany.
a . •	Granted to:	essa Cichon Ize		mpany.
a	Granted to:	essa Cichon Ize		mpany.
a. b.	Granted to: Vane	essa Cichon Ize	Flavio Ize, Jr.	
a. b.	Granted to:	essa Cichon Ize	Flavio Ize, Jr. Typed or printed name	