

LH4000068730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

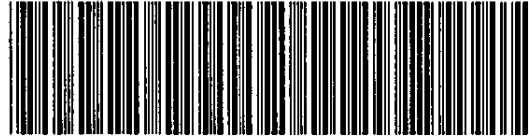
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 FEB 12 2:10:15
FEB 12 2018

FEB 14 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIKOYAS 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:

Jose O Romero

Name of Person

Mikoyas LLC

Firm/Company

501 Carnation Dr

Address

Winter Park, FL 32792

City/State and Zip Code

mikoyas14@gmail.com

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

For further information concerning this matter, please call:

Jose O Romero

at (

321

Area Code

946 7233

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

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: MIKOYAS LLC

SECOND: The Florida Document Number of the limited liability company is: L14000068730

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

501 Camation Dr.

Winter Park, FL 32792

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

501 Camation Dr.

Winter Park, FL 32792

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: Jose O Romero

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: Jose O Romero

b. No authority granted to: _____



Signature of authorized representative

Paula Adriana Romero Aranibar

Typed or printed name of signature

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

CR2E138 (2/14)