

L14000001702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

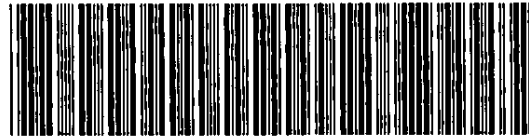
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/14--01006--016 **25.00

FILED
14 OCT 17 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 21 2014

BARBARA B. GIMENEZ, P.A.
Attorney at Law

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Miami, Florida 33138

Telephone: (305) 759-9997
Telefax: (305) 759-9972

October 8, 2014

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

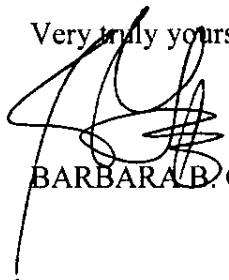
RE: **Statement of Authority for**
CAVATAPPI LLC - L14000101702

Dear Sir or Madam:

Enclosed please find original cover letter and Statement of Authority regarding the captioned limited liability company together with a check for \$25 representing your filing fee.

Should you have any questions or comments, please do not hesitate to contact me.

Very truly yours,



BARBARA B. GIMENEZ

Enclosures as noted.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAVATAPPI 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:

DAVIDE BRONZINI

Name of Person

CAVATAPPI LLC

Firm/Company

119 WASHINGTON AVE SUITE 101

Address

MIAMI BEACH FL 33139

City/State and Zip Code

info@yukonmiami.com

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

For further information concerning this matter, please call:

ANDREW OBEIDY

Name of Person

305

Area Code

892 5454

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: CAVATAPPI LLC

SECOND: The Florida Document Number of the limited liability company is: L14000101702

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

119 WASHINGTON AVE SUITE 101

MIAMI BEACH FL 33139

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

119 WASHINGTON AVE SUITE 101

MIAMI BEACH FL 33139

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: _____

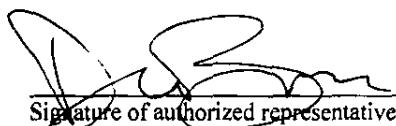
b. No authority granted to: _____

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

a. Granted to: DAVIDE BRONZINI

b. No authority granted to: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Signature of authorized representative

DAVIDE BRONZINI
Typed or printed name of signature

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