

1/16/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FAMCORD, LLC**

Certificate of Status	0
Certified Copy	1
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JAN 17 2019

EXAMINER

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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: FAMCORD, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000151775

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

1200 Brickell Bay Dr.

Apt 3406

Miami, FL 33131

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

1200 Brickell Bay Dr.

Apt 3406

Miami, FL 33131

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:

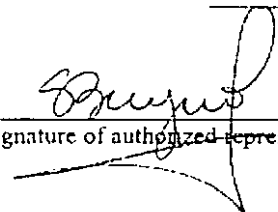
a. Granted to: Veronica Canepa

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: Veronica Canepa

b. No authority granted to: _____


Signature of authorized representative

Silvia Hebe Bagnola

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)