

L14 000 173 116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 11 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**           **SNAKED 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:

**IVAN A GUERRERO ESQ**

\_\_\_\_\_  
Name of Person

**IVAN A GUERRERO PA**

\_\_\_\_\_  
Firm/Company

**44 W FLAGLER STREET STE 1445**

\_\_\_\_\_  
Address

**MIAMI, FL 33130**

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

**IVAN A GUERRERO ESQ**

\_\_\_\_\_  
Name of Person

**786**  
at ( )

Area Code

**536-9088**

\_\_\_\_\_  
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: SNAKED LLC

**SECOND:** The Florida Document Number of the limited liability company is: L14000173116

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

1059 COLLINS AVENUE SUITE 204

MIAMI, FL 33139

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

1059 COLLINS AVENUE SUITE 204

MIAMI, 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.

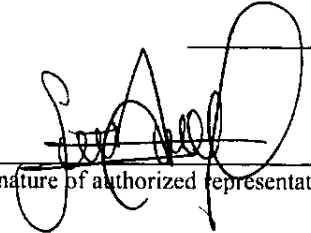
a. Granted to: SERGIO ADOLFO MARTINEZ

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: SERGIO ADOLFO MARTINEZ

b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

Sergio Adolfo Martinez

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA