

L14000177091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

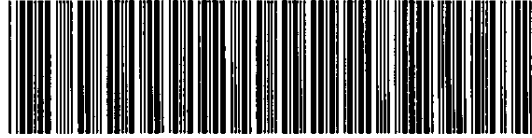
(Business Entity Name)

(Document Number)

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MARIA C. ARRIOLA VÉLEZ, P.A.

MARIA C. ARRIOLA VÉLEZ
ATTORNEY AT LAW

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CORAL GABLES, FL 33134
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August 29, 2016

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

**RE: Ludogiampi's Dream LLC - L14000177091
Sons Future LLC - L11000101811
Fukushu LLC - L13000176951
Iajuisu LLC - L13000176928
Sanpo Giri LLC - L13000176957**

Dear Sir/Madam:

Enclosed for filing are Statements of Authority for each of the captioned companies, each one with their own check for \$55.00 to cover the filing fee and the certified copy fee, as well.

Please advise if you need anything further to process the enclosed.

Very truly yours,


Maria C. Arriola Vélez

/encls

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ludogiampi's Dream 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:

Lourdes Gomez
Name of Person

Firm/Company

2355 Salzedo St., Suite 314
Address

Coral Gables, FL 33134
City/State and Zip Code

lourdesgomezrealtor@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lourdes Gomez at (305) 444-1414
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

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: Ludogiampi's Dream LLC

SECOND: The Florida Document Number of the limited liability company is: L14000177091

THIRD: The street address of the limited liability company's principal office is:
c/o Lourdes Gomez
2355 Salzedo St., Suite 314
Coral Gables, FL 33134

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

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: Gemma Marchegiani or Lourdes Gomez

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: Gemma Marchegiani or Lourdes Gomez

b. No authority granted to: _____

SECTION 605.0302(1), FLORIDA STATUTES
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Gemma Marchegiani
Signature of authorized representative

Gemma Marchegiani
Typed or printed name of signature

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