14000 178190

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)						
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status						
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status						
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)					
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(delication)					
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status						
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)					
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL					
(Document Number) Certified Copies Certificates of Status						
(Document Number) Certified Copies Certificates of Status	(Business Entity Name)					
Certified Copies Certificates of Status	(Dusitiess Littly Name)					
Certified Copies Certificates of Status						
·	(Document Number)					
·						
Special Instructions to Filing Officer:	Certified Copies Certificates of Status					
Special Instructions to Filing Officer:						
Special Instructions to Filing Officer:	<u> </u>					
	Special Instructions to Filing Officer:					
<u> </u>						

Office Use Only



200348937742

07/27/28--01033--003 **55.00

RECEIVED
JUL 2 3 2020



COVER LETTER

	egistration Section		
Γ	Division of Corporations		
SUBJECT	EDUMA LLC I:		
	Name of Limit	ed Liability Com	pany
Dear Sir o	r Madam;		
The enclos	sed Statement of Authority and fee(s) are sub	mitted for filing.	
Please retu	arn all correspondence concerning this matter	to the following	:
JEFFREY	S. HERSH, ESQ.		
	Name of Person		
LAW OF	FICE OF JEFFREY S. HERSH, P.A.		
	Firm/Company	 	
605 LINC	OLN ROAD, SUITE 450		
· ••	Address		
MIAMI B	EACH, FL 33139		
	City/State and Zip Code		
JHERSH(DHERSHLAW.NET		
Ī	-mail address: (to be used for future annual r	eport notification	<u>a)</u>
For furthe	r information concerning this matter, please o	eall:	
JEFFREY		305 at (866-1110)
·····	Name of Person	Area Code	Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

STATEMENT OF AUTHORITY

authority:	The name of the limited liability company is:	Č		
SECONI	D: The Florida Document Number of the limited liability company is:			
	The street address of the limited liability company's principal office is: 2001 BISCAYNE BOULEVARD			
-	#2511			
	MIAMI, FL 33137	-		
	The mailing address of the limited liability company's principal office is:	•		
-	# 2511	•		
	MIAMI, FL 33137	•		
person on	of a person in a company, whether as a member, transferee, manager, officer or otherwise the following: 1. May execute an instrument transferring real property held in the name of the compania. Granted to: RODRIGO S. MATTEVI	SECTION AND SECTION OF SECTION AND SECTION	\$ 2020 JUL 23 AM 9: 09	TILMO
;	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: RODRIGO S. MATTEVI	-	٥	
	b. No authority granted to:	• •		
	EDUARDO MATTEVI			
Signature	of authorized representative Filling Fee: \$25.00 Certified Copy: \$30.00 (optional)	t signat	urc	

CR2E138 (2/14)