

L14 000152773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

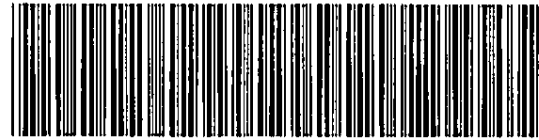
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL  
2020 JUL 30 AM 11:23

FILED

SEP 25 2020



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: SUCIERNI LLC

SECOND: The Florida Document Number of the limited liability company is: L14000182773

THIRD: The street address of the limited liability company's principal office is:  
1565 N PARK DR SUITE 100  
WESTON, FL 33326

The mailing address of the limited liability company's principal office is:  
C/O HOMERICH LLC  
1565 N PARK DR SUITE 100  
WESTON, FL 33326

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: ERNESTO NICKEL GARAICOA OR  
SUSANA CIFUENTES ALVEAR
  - 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: ERNESTO NICKEL GARAICOA OR  
SUSANA CIFUENTES ALVEAR
  - b. No authority granted to: \_\_\_\_\_

*Ernesto Nickel*  
*Susana Cifuentes Alvear*  
Signature of authorized representative

ERNESTO NICKEL GARAICOA  
SUSANA CIFUENTES ALVEAR  
Typed or printed name of signature

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

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SECRETARY OF STATE  
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