

**L14000194182**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

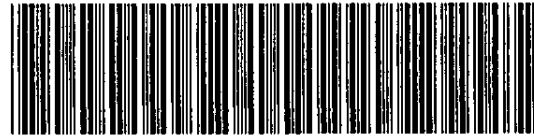
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR 11 2017  
**S. YOUNG**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 APR 10 PM 3:28

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUGUMAR 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:

JAVIER BANOS MACHADO

Name of Person

LAW SERVICES PA

Firm/Company

3126 CORAL WAY

Address

MIAMI, FL 33145

City/State and Zip Code

JBANOS@MSN.COM

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

For further information concerning this matter, please call:

JAVIER BANOS MACHADO

at

305

519-5581

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

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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: LUGUMAR LLC

**SECOND:** The Florida Document Number of the limited liability company is: L14000194182

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

3399 NW 72 AVE. SUITE 123 MIAMI, FL 33122

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

3126 CORAL WAY

MIAMI, FL 33145

**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 specified person on the following:

1. May execute an instrument transferring real property held in the name of the company.


a. Granted to: JAVIER BANOS MACHADO  
the two properties attached hereto as exhibit "A"

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: JAVIER BANOS MACHADO

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

  
Signature of authorized representative

Gustavo Paluci Mgr  
Typed or printed name of signature

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

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
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Exhibit "A"

**UNIT NO. 466, OF PHASE 27, OF THE GATES OF DORAL ISLES, A CONDOMINIUM, ACCORDING TO THE DECLARATION AND THE EXHIBITS ANNEXED THERETO, AS RECORDED IN OFFICIAL RECORDS BOOK 19118, AGE 2442, OF THE PUBLIC RECORDS OF MIAMI-DADE COUNTY, FLORIDA.**

**PHYSICAL ADDRESS: 6015 NW 116 PLACE, #466, DORAL, FL 33178**

**AND**

**UNIT 4, BUILDING 1, OF BONITA VILLAS CONDOMINIUM, A CONDOMINIUM, ACCORDING TO THE DECLARATION OF CONDOMINIUM RECORDED IN OFFICIAL RECORDS BOOK 17328, APGE 1905, AND ALL SUBSEQUENT AMENDMENTS THERETO, TOGETHER WITH ITS UNDIVIDED SHARE IN THE COMMON ELEMENTS, IN THE PUBLIC RECORDS OF MIAMI-DADE COUNTY, FLORIDA.**

**PHYSICAL ADDRESS: 14279 SW 121 PLACE, #4, MIAMI, FL 33186**

REC. STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
17 APR 10 PM 3:28