

L15000003011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

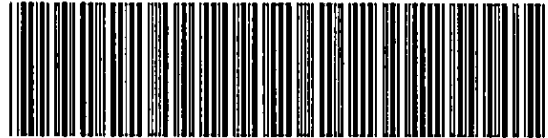
(Business Entity Name)

(Document Number)

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APR 13 2019  
C. H. H. H.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CANDY LOVE, 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:

Julie Cohen

Name of Person

Strock & Cohen, Zipper Law Group, P.A

Firm/Company

2900 Glades Circle, Suite 750

Address

Weston, FL 33327

City/State and Zip Code

JCOHEN@STROCKLAW.COM

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

For further information concerning this matter, please call:

JULIE COHEN

Name of Person

at ( 954 )

Area Code

659-2220

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

2019 APR -8 AM 9:16  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-13-2019 BY 11353

**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: CANDY LOVE, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15DDDDDD3011

**THIRD:** The street address of the limited liability company's principal office is:  
2875 NE 191 STREET SUITE 801 AVENTURA, FL 33180

The mailing address of the limited liability company's principal office is:  
2875 NE 191 STREET SUITE 801 AVENTURA, FL 33180

2018 APR -8 AM 9:18  
STATE OF FLORIDA  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY

**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: GABRIELA MAGARINOS

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: GABRIELA MAGARINOS

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

Signature of authorized representative

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)