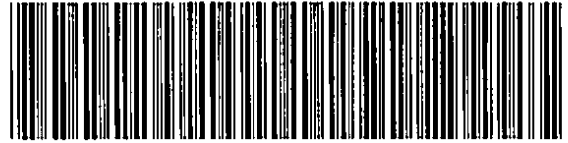


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08/13/18--01036--030 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

D BRUCE
AUG 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PININ 3904 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:

LEONARDO D LEPIANE

Name of Person

LEONARDO D LEPIANE, CPA

Firm/Company

780 NE 69TH ST #2505

Address

MIAMI, FL 33138

City/State and Zip Code

llpiane@gmail.com

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

For further information concerning this matter, please call:

LEONARDO D LEPIANE

Name of Person

305

at (_____) _____

Area Code

301-7180

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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TALLAHASSEE FLORIDA

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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: PININ 3904 LLC

SECOND: The Florida Document Number of the limited liability company is: L15000008661

THIRD: The street address of the limited liability company's principal office is:
780 NE 69TH ST #2505
MIAMI, FL 33138

The mailing address of the limited liability company's principal office is:
780 NE 69TH ST #2505
MIAMI, FL 33138

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: FILIPPO CHIARAMIDA
 - 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: FILIPPO CHIARAMIDA
 - b. No authority granted to: _____

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TALLAHASSEE, FLORIDA

Massimiliano Barbera [Signature]

Maurizio Celon [Signature]
Signature of authorized representative

Marco Buongiorno [Signature]

Filippo Chiaramida [Signature]

MASSIMILIANO BARBERA, MARCO BUONGIORNO,
MAURIZIO CELON, FILIPPO CHIARAMIDA
Typed or printed name of signature

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

CK21138 (2/14)