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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	
Name of Limited Liab	ility Company
Dear Sir or Madam:	કુહુ
The enclosed Statement of Authority and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following: برائية بي پ
Lourdes B. Rivera	· · ·
Name of Person	
Lourdes B. Rivera, P.A.	
Firm/Company	
7600 Red Road, Suite 200	
Address	
South Miami, FL3143	
City/State and Zip Code	
LBRivera@LBRLaw.com & mvaleri@vbinterco	n.com
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call:	
Lourdes B. Rivera 30	5 461-4901
	ea Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority		
FIRST:	The name of the limited liability company is: Treviso Investments, LLC	
SECON	D: The Florida Document Number of the limited liability company is: L1500001593	8
THIRD:	The street address of the limited liability company's principal office is:	
	1395 Brickell Ave., Suite 800 Miami, FL 33131	. 2
		A PR
	The mailing address of the limited liability company's principal office is: 1395 Brickell Ave., Suite 800 Miami, FL 33131	1000
	1393 Bricken Ave., Guite 600 Wildini, F.E. 33131	
		•
person o	n the following: 1. May execute an instrument transferring real property held in the name of the compan a. Granted to: Mazzino Valeri Rigual	
	b. No authority granted to:	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: Mazzino Valeri Rigual	ถกษ.
	b. No authority granted to:	
	SAUDRO AUDRES G Sandro Andres Gree	
Signatur	e of authorized representative Typed or printed name o	
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

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