

(Re	equestor's Name)	
(Ac	idress)	
(Ad	idress)	
(Ci	ty/State/Zip/Phone #/)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Document Number)		
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		
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2017 NOV 29 PM 5: 04
SECRETARY OF STATE
LORIDA

K. SALY NOV 3 0 2017

COVER LETTER

TO: Registration Section Division of Corporations		
NARCEA, LLC		
SUBJECT: Name of Li	mited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	utter to the following:	
Humberto L. Rodriguez		
Name of Person		
Gonzalez & Rodriguez PL		
Firm/Company		
999 Ponce De Leon Blvd., Suite 1135		
Address		
Coral Gables, FL 33134		
City/State and Zip Code		
hrodriguez@gr-law.net		
E-mail address: (to be used for future annu	ual report notification	n)
For further information concerning this matter, plea	se call:	
Humberto L Rodriguez	305	461-4880
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahorson, Florida, 22214	
2661 Executive Center Circle	Tallahassee, Florida 32314	

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability authority:	company submits the following statement of
FIRST: The name of the limited liability company is: NARCEA,	LLC
SECOND: The Florida Document Number of the limited liability co	mpany is: L15000033958
THIRD: The street address of the limited liability company's princip 8302 NORTHWEST 103RD STREET	
SUITE 106	
HIALEAH GARDENS, FL 33016	THE TOTAL TO
The mailing address of the limited liability company's prin 8302 NORTHWEST 103RD STREET	Cipal office is:
SUITE 106	TOP 3
HIALEAH GARDENS, FL 33016	0.81
position of a person in a company, whether as a member, transferee, reperson on the following: 1. May execute an instrument transferring real property he a. Granted to: VICTOR VAZQUEZ	
b. No authority granted to:	
May enter into other transactions on behalf of, or other a. Granted to: VICTOR VAZQUEZ	wise act for or bind, the company.
b. No authority granted to:	
	Javier Fernandez-Vazquez
Signature of authorized representative Filing Fee: \$25.00	Typed or printed name of signature

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)