

LI 50000 76975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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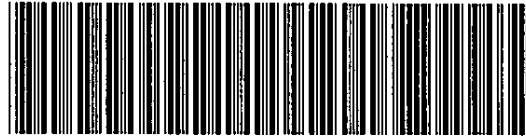
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers APR 15 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIGNATA, 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:

MARIA MARTA CALDERON

Name of Person:

SERBER & ASSOCIATES, P.A.

Firm/Company

2875 NE 191ST STREET SUITE 801

Address

AVENTURA, FL 33180

City/State and Zip Code

mmc@serberlawfirm.com

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

For further information concerning this matter, please call:

MARIA MARTA CALDERON

Name of Person

at (305)

Area Code

932-6262

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

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: PIGNATA, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000036975

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

1253 SE 1ST WAY

DEERFIELD BEACH, FL 33441

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

1253 SE 1ST WAY

DEERFIELD BEACH, FL 33441

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: _____

b. No authority granted to: PABLO A. LERENA

2. May enter into other transactions on behalf of or otherwise act for or bind, the company.

a. Granted to: _____

b. No authority granted to: _____


Signature of authorized representative

PABLO A. LERENA

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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