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	(Business Entity Name)
	(Document Number)
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COVER LETTER

Registration Section

TO:

Division of Corporations		
ITALIA II, LLC SUBJECT:		
	nited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
VLADIMIR PRADO		
Name of Person	.	
ITALIA II, LLC		
Firm/Company		
3081 SW 132 AVENUE		
Address		
MIAMI, FL 33175		
City/State and Zip Code		
pradomelanie@gmail.com		
E-mail address: (to be used for future annu-	al report notification)
For further information concerning this matter, pleas	e call:	
Vladimir Prado	954 at (487-0050
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Registrati Division (P.O. Box	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahass	ee, Florida 32314

STATEMENT OF AUTHORITY

FIRST:	The name of the	e limited liability co	mpany is: ITALIA	A II, LLC				
SECON	D: The Florida	Document Number	of the limited liabil	ity company	is:_L15000	060553		
THIRD:	The street add	lress of the limited lia	ability company's p	rincipal offic	e is:			
	3081 SW 1	32 AVENUE, M	IIAMI, FL 3317	5				
	-	address of the limited		•	office is:			
					· · · · · · · · · · · · · · · · · · ·			
DOM:NO								
position	of a person in a on the following		as a member, trans:	erce, manage	er, officer or	otherwise o	r to a s	pecific
position	of a person in a on the following	a company, whether see that it is a company, whether see that it is a company of the see that it is a company, whether see that is a company of the see t	as a member, trans: insferring real prop MIR PRADO	erty held in th	er, officer or	otherwise o	r to a s	pecific
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