

L15000 068 671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

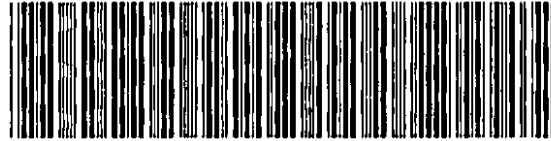
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Submit OF Auth

JAN 13 2020  
ALBRITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PATAGONIAN STOWAGE 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:

RAUL MATIAS CERESETO

Name of Person

PATAGONIAN STOWAGE LLC

Firm/Company

1200 ANASTASIA AVE.

Address

CORAL GABLES FL 33134

City/State and Zip Code

M. GOMEZ @ AGACOUNTSERVICE.COM

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

For further information concerning this matter, please call:

MARIA N. ORTIZ

Name of Person

at ( 786 )

Area Code

2632609

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: ATAGONIAN STORAGE LLC

SECOND: The Florida Document Number of the limited liability company is: L15000068671

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

17125 NORTH BAY ROAD #3201  
SUNNY ISLES FL 33160

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

1200 ANASTASIA AV. #412  
CORAL GABLES FL 33134

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.

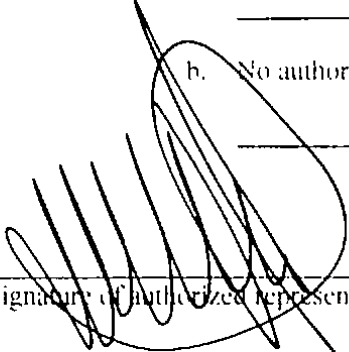
a. Granted to: MARIA NATALIA ORTIZ

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: MARIA NATALIA ORTIZ

b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

Ortiz, Maria Natalia

\_\_\_\_\_  
Typed or printed name of signature

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

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TALLAHASSEE, FLORIDA

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