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COVER LETTER

	O: Registration Section Division of Corporations						
SUBJECT:	El Moreno Americano LLC						
SUBJECT.	Name of Limited I	Liability Comp	pany				
Dear Sir or	Madam:						
The enclosed Statement of Authority and fee(s) are submitted for filing.							
Please retur	m all correspondence concerning this matter to	the following:					
Pedro R	ivera-Bey						
-	Name of Person						
El Morer	no Americano LLC						
	Firm/Company	-					
1495 SE	27th Street						
	Address						
Homeste	ead, Florida, 33035						
	City/State and Zip Code						
Elmoren	o3053@gmail.com						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Pedro R	ivera-Bey	347	456-1600				
•	Name of Person	Area Code	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

FIRST: 1	The name o	of the limited liability	company is: El Mc	oreno Americano LLC		
SECOND	: The Flo	rida Document Numb	ber of the limited liab	ility company is: L1500009	95497	
		address of the limited	d liability company`s	principal office is:		
- H	Homeste	ead, Florida, 330	035			
- F	The maili	•	ited liability company	r's principal office is:		
(Columbi	us Circle Station	1			
1	New York, 10023					
person on	. May ex	Granted to:		erty held in the name of the co	9 AUG 27	
	b.				PH 2:22	
2.	. May e a.	Granted to: Ped	lro Rivera Jr.	r otherwise act for or bind, the		
	b.	No authority grante	ed to:			
<u> 200u</u>	us o	ualey		Pedro Rivera-E		
Signature (of authoria	ed repro ced tative	Filing Fee: Certified Copy:	Typed or printed r \$25.00 \$30.00 (optional)	name of signature	

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