

L15000116147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

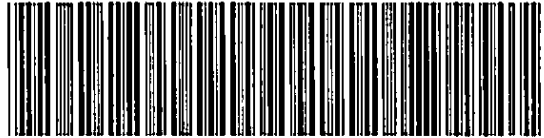
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PURE MALT 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:

JEANNE FUENTES

Name of Person

THE ONE LEGAL

Firm/Company

2525 PONCE DE LEON BOULEVARD, SUITE 300

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

JFUENTES@THEONELEGAL.COM

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

For further information concerning this matter, please call:

JFUENTES@THEONELEGAL.COM

305

444-8431

at (_____) _____

Name of Person

Area Code

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: PURE MALT LLC

SECOND: The Florida Document Number of the limited liability company is: 115000116147

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

18841 SW 117TH AVENUE

MIAMI, FLORIDA 33177

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

18841 SW 117TH AVENUE

MIAMI, FLORIDA 33177

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.

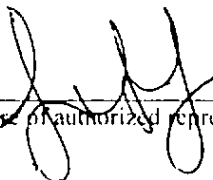
a. Granted to: _____

b. No authority granted to: IRIA ZARRAGA DE CAPRA

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: IRIA ZARRAGA DE CAPRA, acting alone
without majority member consent.



Signature of authorized representative

JEANNE FUENTES

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)