

215000 123 1167

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

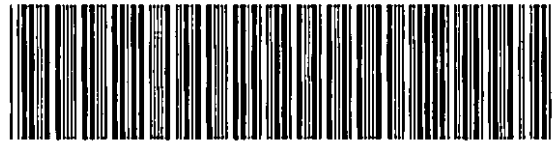
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE

R. WHITE

MAR 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

Delia Hospitality LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erik Lichter, Esq.

Name of Person

Acosta & Lichter P.A.

Firm/Company

2930 NW 7 Avenue, 2nd Floor

Address

Miami, Florida 33127

City/State and Zip Code

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

For further information concerning this matter, please call:

Erik Lichter, Esq.

305

982-7886

at ()

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

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: Delia Hospitality LLC

SECOND: The Florida Document Number of the limited liability company is: L15000123167

THIRD: The street address of the limited liability company's principal office is:
10726 NW 58 Street

Doral, Florida 33178

The mailing address of the limited liability company's principal office is:
10726 NW 58 Street

Doral, Florida 33178

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.

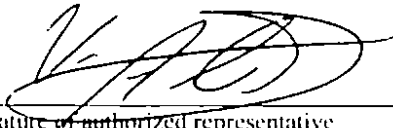
a. Granted to: Vincenzo Alaimo or VCA Development Inc.

b. No authority granted to: Delia Hospitality Inc., or Calogero Alaimo

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

a. Granted to: Vincenzo Alaimo or VCA Development Inc.

b. No authority granted to: Delia Hospitality Inc., or Calogero Alaimo


Signature of authorized representative

Vincenzo Alaimo
Typed or printed name of signature

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

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