

L15000141402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SEP 09 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CORPOEXTRA 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:

**JULIE G COHEN**

Name of Person

**STROCK & COHEN ZIPPER LAW GROUP PA**

Firm/Company

**2900 GLADES CIRCLE STE 750**

Address

**WESTON, FL 33327**

City/State and Zip Code

**JCOHEN@STROCKLAW.COM**

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

For further information concerning this matter, please call:

**JULIE G COHEN**

Name of Person

**954**

Area Code

**659-2220**

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: CORPOEXTRA LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000141402

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

1565 NORTH PARK DRIVE STE 100

WESTON, FL 33326

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

1565 NORTH PARK DRIVE STE 100

WESTON, FL 33326

**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.

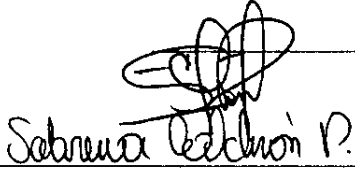
a. Granted to: GEORGE PINZON or SABRINA CALDERON  
either individually

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: GEORGE PINZON or SABRINA CALDERON  
either individually

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

  
Signature of authorized representative

GEORGE PINZON

SABRINA CALDERON

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)