

L15000148354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

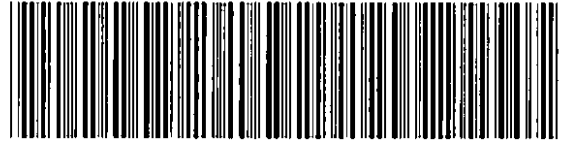
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2023 AUG 17 PM 4:14

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERSIONES CAMILA 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:

Adam S. Zipper

Name of Person

Strock & Cohen, Zipper Law Group P.A.

Firm/Company

2900 Glades Circle, Suite 750

Address

Weston, FL 33327

City/State and Zip Code

azipper@strocklaw.com

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

For further information concerning this matter, please call:

Adam S Zipper

954

617-9676

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: INVERSIONES CAMILA LLC

SECOND: The Florida Document Number of the limited liability company is: L15000148354

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

1506 Maple Drive

Weston, FL 33327

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

1506 Maple Drive

Weston, FL 33327

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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.

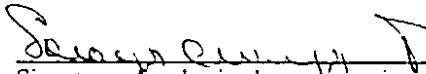
a. Granted to: SORAYA CHAYA PALLARES

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: SORAYA CHAYA PALLARES

b. No authority granted to: _____


Signature of authorized representative

SORAYA CHAYA PALLARES

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**