

LIS 000 150266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

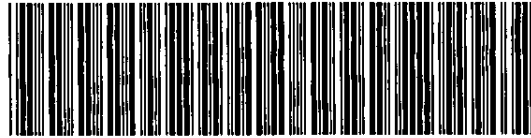
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 OCT 19 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 20 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doral Wines 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:

Javier Banas
Name of Person

Law Services P.A.
Firm/Company

3126 Coral Way
Address

Miami, FL 33145
City/State and Zip Code

jbanas@lmsn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier Banas at (305) 519-5581
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: Doral Wines LLC

SECOND: The Florida Document Number of the limited liability company is: L15000150266

THIRD: The street address of the limited liability company's principal office is:
3126 Coral Way
Miami, FL 33145

The mailing address of the limited liability company's principal office is:
3126 Coral Way
Miami, FL 33145

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.

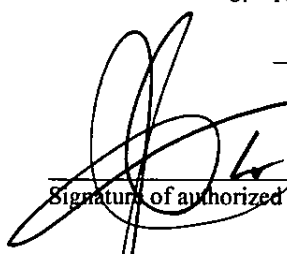
- a. Granted to: _____
- b. No authority granted to: _____

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

- a. Granted to: Javier Banos
(limited to open bank account, execute closing statements, obtain licenses)
- b. No authority granted to: _____

sign checks, make other financial decisions, sign contracts, hire employees, or pay taxes



Signature of authorized representative

Javier Banos

Typed or printed name of signature

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

Effective 10/14/2015