

U50031513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

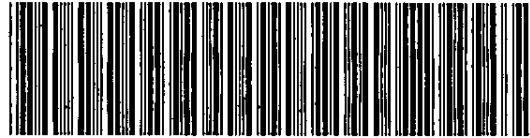
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# barbosa legal

407 Lincoln Road PH-NE  
Miami Beach, FL 33139

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MARCUS BODET, OF COUNSEL

PHONE: 305-501-4680  
FAX: 305-359-9543

March 17, 2016

Via USPS Priority Mail  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA  
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**Re: Statement of Authority- Andorinha, LLC**

Dear Sir or Madam,

Please find enclosed the following in regards to the company mentioned above:

- Statement of Authority form for the company **Andorinha, LLC**, document # L15000151513;
- Check to Florida Department of State in the amount of \$55.00 to cover the costs of the filing fee (\$25.00) and the Certified Copy (\$30.00).

Please send us the Certified Copy to our address below:

Attn.: Natascha Vicentini  
Barbosa Legal  
407 Lincoln Road PH-NE  
Miami Beach, FL 33139

Please do not hesitate to contact me if you have any questions.

Thank you,

/s/ Natascha Vicentini  
Natascha Vicentini, Paralegal

Enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Andorinha, 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:

John Sosa, Esq.

Name of Person

Barbosa Legal

Firm/Company

407 Lincoln Road, PH-NE

Address

Miami Beach, Florida 33139

City/State and Zip Code

jsosa@barbosalegal.com

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

For further information concerning this matter, please call:

John Sosa

at (

305

501-4680

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

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TALLAHASSEE, FLORIDA  
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**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: Andorinha, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000151513

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

601 N.E. 27th Street

Unit 1208

Miami, Florida 33137

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

601 N.E. 27th Street

Unit 1208

Miami, Florida 33137

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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: John Sosa

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: John Sosa

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

Signature of authorized representative

Luis Fernando da Silva Montoro, Manager

Typed or printed name of signature

Filing Fee: **\$25.00**

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

Carlos Eduardo Bianco Albano, Manager

Signature  
CR2E138 (2/14)