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COVER LETTER

TO: Registration Section **Division of Corporations** MACHUPICCHU RESTAURANT, LLC **SUBJECT:** 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: Nicolas Apfelbaum, Esq. Name of Person Apfelbaum Law Firm/Company 451 SW Bethany Drive, Suite 202 Address Port St. Lucie, FL 34986 City/State and Zip Code yolymk2002@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nicolas Apfelbaum Daytime Telephone Number Name of Person

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: MACHUPICCHU RESTAURANT, LLC SECOND: The Florida Document Number of the limited liability company is: <u>L15000157346</u> THIRD: The street address of the limited liability company's principal office is: 697 NW Bayshore Blvd. Port St. Lucie, FL 34983 The mailing address of the limited liability company's principal office is: 697 NW Bayshore Blvd. Port St. Lucie, FL 34983 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 compan Granted to: Nicolas Apfelbaum, Esq., Apfelbaum Law 451 SW Bethany Dr., Ste. 202, Port St. Lucie, FL 34986 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: ____ Nicolas Apfelbaum, Apfelbaum Law 451 SW Bethany Dr., Ste. 202, Port St. Lucie, FL 34986 b. No authority granted to: Yolanda Rodriguez Typed or printed name of signature ignature of authorized representative Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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