L15000157927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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18 JAN 16 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 17 2018

J. HARRIS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

OLENKA, LLC

Signature

Requested by: Seth

Name

01/16/18

Date

Time

Walk-In _____ Will Pick Up _____

____ Art of Inc. File_____
____ LTD Partnership File_____
____ Foreign Corp. File_____
____ L.C. File_____
____ Fictitious Name File_____
____ Trade/Service Mark_____
____ Merger File_____
✓ Art. of Amend. File_____
____ RA Resignation_____
____ Dissolution / Withdrawal_____
____ Annual Report / Reinstatement_____
✓ Cert. Copy_____
____ Photo Copy_____
____ Certificate of Good Standing_____
____ Certificate of Status_____
____ Certificate of Fictitious Name_____
____ Corp Record Search_____
____ Officer Search_____
____ Fictitious Search_____
____ Fictitious Owner Search_____
____ Vehicle Search_____
____ Driving Record_____
____ UCC 1 or 3 File_____
____ UCC 11 Search_____
____ UCC 11 Retrieval_____
____ Courier_____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLENKA, 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:

Victor Casado
Name of Person

Firm/Company

7246 NW 113th Ct
Address

Doral, FL 33178
City/State and Zip Code

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

For further information concerning this matter, please call:

Victor Casado at (305) 5466502
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

CR2E138 (2/14)

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: OLENKA LLC

SECOND: The Florida Document Number of the limited liability company is: L15000157927

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

7246 NW 113 Court
Doral, FL 33178

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

7246 NW 113 Court
Doral, FL 33178

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of 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: VICTOR CASADO
      OLENKA LLC,
   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: VICTOR CASADO
   b. No authority granted to:

Signature of authorized representative

Olenka Garcia
Typed or printed name of signature

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