

L15000149888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

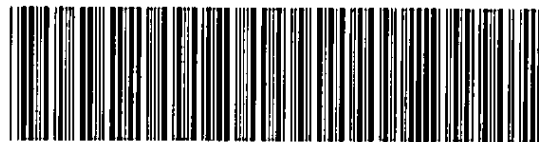
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SECRETARY OF STATE
FALLS CHURCH, VA 22040

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARABICAFE 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:

PABLO VELOSA

Name of Person

ARABICAFE LLC

Firm/Company

170 OCEAN LANE DRIVE, SUITE 809

Address

KEY BISCAYNE, FL 33149

City/State and Zip Code

PAVELOSA@HOTMAIL.COM

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

For further information concerning this matter, please call:

PABLO VELOSA

305 301-4700
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: ARABICAFE LLC

SECOND: The Florida Document Number of the limited liability company is: LS000189888

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

170 OCEAN LANE DRIVE

SUITE 809

KEY BISCAYNE, FL 33149

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

170 OCEAN LANE DRIVE

SUITE 809

KEY BISCAYNE, FL 33149

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: PABLO VELOSA

b. No authority granted to: ANY ONE ELSE

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

a. Granted to: PABLO VELOSA

b. No authority granted to: ANY ONE ELSE



Signature of authorized representative

PABLO VELOSA

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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