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03/17/20--01011--011 **55.00



APR 01 2020 S. YOUNG TO: Registration Section Division of Corporations

INVERCIONES CASA NUEVA NSIXCS 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:

Monika Aybar Landrau, Esq.

Name of Person

Aybar Landrau & Nizio, P.L.

Firm/Company

25 S.E. Second AvenueSuite 220

Address

Miami, FL 33131

City/State and Zip Code

gianfrancodicarlo@hotmail.com

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

For further information concerning this matter, please call:

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: _______ INVERCIONES CASA NUEVA NSDCS LLC

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

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

2701 SW 7TH STBOYTON BEACH, FL 33435

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The mailing address of the limited liability company's principal office is: 2704 SW 7TH STBOYTON BEACH, FL 33435

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:	2020
b	b. No authority granted to:	ANSION OF COMPARISE
	enter into other transactions on behalf of, or otherwise act for or bin . Granted to : Dario Giovanni Mucci	
b	D. No authority granted to:	
Signature of author) inted name of signature

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