

L15000198310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

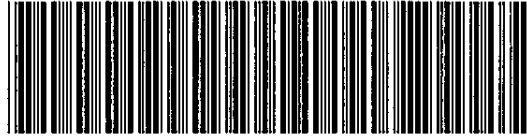
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 06 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASTA 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:

LAURA LEFEBVRE

Name of Person

PATHMAN LEWIS, LLP

Firm/Company

2 SOUTH BISCAYNE BOULEVARD, SUITE 2400

Address

MIAMI, FL 33131

City/State and Zip Code

LLEFEBVRE@PATHMANLEWIS.COM

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

For further information concerning this matter, please call:

LAURA LEFEBVRE

Name of Person

at (305)

Area Code

379-2425

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

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: CASTA LLC

SECOND: The Florida Document Number of the limited liability company is: L15000198310

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

56 NE 51st STREET

MIAMI, FL 33137

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

56 NE 51st STREET

MIAMI, FL 33137

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.

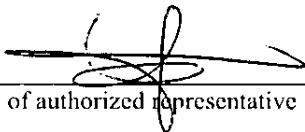
a. Granted to: _____

b. No authority granted to: _____

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

a. Granted to: Florian Jouin, an individual

b. No authority granted to: _____


Signature of authorized representative

LAURA LEFFERVRE
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)