

L15000198746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

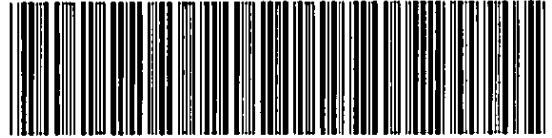
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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12/04/19--01003--005 **25.00

2019 DEC -3 A 9 42 AM CST FL 00004
SOLUTIONS CORPORATION

FILED

2019 DEC -3 PM 4:38

RECEIVED

T. LEMIEUX

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. DYAD Assets LLC

(Corporation Name)

Document #

2.

(Corporation Name)

Document #

3.

(Corporation Name)

Document #

4.

(Corporation Name)

Document #

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domesitication
☐ Other

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

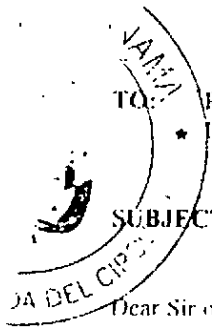
☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER



TO: Registration Section
Division of Corporations

SUBJECT: DYAD ASSETS 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.

Sandra M. Ferrera

Name of Person

SMF Law

Firm/Company

2525 Ponce De Leon Blvd., 9th Floor

Address

Coral Gables, FL 33134

City/State and Zip Code

SMF@SMFLawGroup.com

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

For further information concerning this matter, please call:

Sandra Ferrera

786

465-5600

Name of Person

at ()

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

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: DYAD ASSETS LLC

SECOND: The Florida Document Number of the limited liability company is: L15000198746

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

3250 NE 1ST AVENUE

SUITE 305

MIAMI, FL 33137

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

C/O MIYARES GROUP, LLC

130 MADEIRA AVENUE

CORAL GABLES, FL 33134

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: RICARDO OLIVO

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: _____

b. No authority granted to: _____

Signature of authorized representative

JORGE CHERREZ

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2-14)



2013 DEC -3 A 9:42

