

L15000198884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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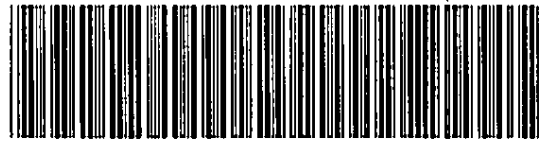
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MICROTECHNOLOGIES S.A., 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:

Ross D. Kulberg, Esq.  
Name of Person

Saavedra-Goodwin  
Firm/Company

888 SE 3rd Avenue, Suite 500  
Address

Fort Lauderdale, FL 33316  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ross Kulberg at ( 954 ) 767-6333  
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: MICROTECHNOLOGIES S.A., LLC

SECOND: The Florida Document Number of the limited liability company is: L15000198884

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

2901 GATEWAY DRIVE

Pompano Beach, FL 33069

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

2901 GATEWAY DRIVE

Pompano Beach, FL 33069

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, the company.

a. Granted to: Antonio Bossiello

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Antonio Bossiello \_\_\_\_\_  
Typed or printed name of signature

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

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FLORIDA