

L16000035707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

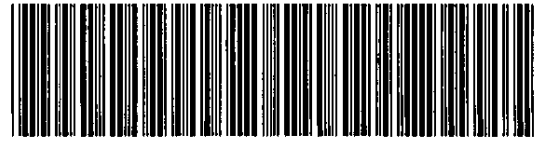
(Business Entity Name)

(Document Number)

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SEP 07 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **TRIBE55 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:

ALESSANDRA PIRAS, ESQ.

Name of Person

CINOTTI LLP

Firm/Company

66 W FLAGLER STREET #1002

Address

MIAMI, FL 33130

City/State and Zip Code

apiras@cinottilaw.com

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

For further information concerning this matter, please call:

Alessandra Piras

Name of Person

at (**786**)

Area Code

577-2291

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: TRIBE55 LLC

SECOND: The Florida Document Number of the limited liability company is: L16000035707

THIRD: The street address of the limited liability company's principal office is:
18671 COLLINS AVE # 1404, SUNNY ISLES, FL 33160

The mailing address of the limited liability company's principal office is:
18671 COLLINS AVE #1404, SUNNY ISLES, FL 33160

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.

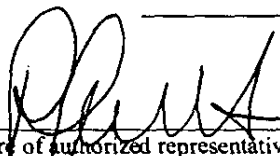
a. Granted to: RAFFAELE GALANTE

b. No authority granted to: Perla Wasserman De Saye

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

a. Granted to: RAFFAELE GALANTE as to all acts.
Perla Wasserman De Saye (limited as per Exhibit A)

b. No authority granted to: Perla Wasserman De Saye


Signature of authorized representative

RAFFAELE GALANTE
Typed or printed name of signature

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