116000111582

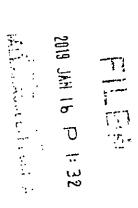
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
(Document Number) Certified Copies Certificates of Status				





700322186237

01/16/19--01008--014 **25.00



INI 2-17

COVER LETTER

TO: Registration Section Division of Corporations		
ECHOO AVIATION LLC		
SUBJECT: Name of Lir	mited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this man	tter to the following:	:
IVAN A GUERRERO		
Name of Person		
IVAN A GUERRERO PA		
Firm/Company		
28 W FLAGLER STREET STE 555		
Address		
MIAMI, FL 33130		
City/State and Zip Code		
E-mail address: (to be used for future annu	al report notification	1)
For further information concerning this matter, pleas	se call:	
IVAN A GUERRERO	786) 5369088 Daytime Telephone Number
Name of Person	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 (authority:	05,0302(1), Florida Statutes, this limited liability company submits the folk	owing statement
FIRST: The name of	of the limited liability company is: ECHOO AVIATION LLC	
SECOND: The Flo	rida Document Number of the limited liability company is:	82
THIRD: The street	address of the limited liability company's principal office is:	
	FL 33178	<u>-</u>
	ng address of the limited liability company's principal office is: W 58TH STREET UNIT 6	
DORAL,	FL 33178	_
erson on the follow 1. May exact. a.	ing: secute an instrument transferring real property held in the name of the compa Granted to: Compa Comp	any.
h.	No authority granted to:	7000
2. May e	nter into other transactions on behalf of, or otherwise act for or bind, the cor	npany.
а.	Granted to:	(1)
ь.	No authority granted to:	
Seleber	Silvia Quiroga/Rafa	

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)