

L16 000 118533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

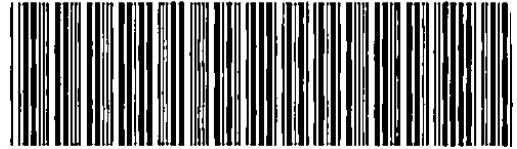
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 SEP 27 PM 6:07

C. GOLFETTI

OCT 14 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KATIVA LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIE G COHEN

Name of Person

Firm Company

2900 GLADES CIR STE 750

Address

WESTON, FL 33327

City, State and Zip Code

JCOHEN@STROCKLAW.COM

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

For further information concerning this matter, please call:

JULIE G COHEN

954

659-2220

at ()

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 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: KATIVA LLC

SECOND: The Florida Document Number of the limited liability company is: L16000118533

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

9100 W ATLANTIC BLVD #631

CORAL SPRINGS, FL 33071

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

9100 W ATLANTIC BLVD #631

CORAL SPRINGS, FL 33071

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.

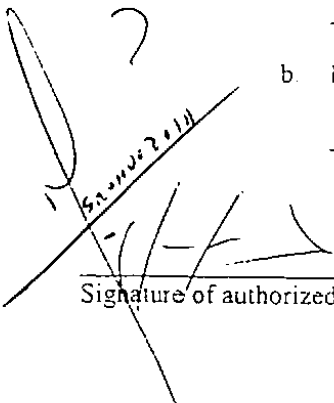
a. Granted to: Jacqueline Alcalde Sepulveda or Alejandro Sanhueza Ph
or Anadelia Jacqueline Sanhueza Alcalde

b. No authority granted to: Irama Godoy

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

a. Granted to: Jacqueline Alcalde Sepulveda or Alejandro Sanhueza F
or Anadelia Jacqueline Sanhueza Alcalde or Irama Godoy

b. No authority granted to: _____


Signature of authorized representative

Alejandro Sanhueza Philimon

Jacqueline Alcalde Sepulveda

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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