

5/27/2020

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

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Account Name : CAPOTE & CAPOTE, P.A.

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Phone : (305) 374-1555

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ORINOQUIA SUPPLY LLC

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Corporate Filing Menu

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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: ORINOQUITA SUPPLY LLC

SECOND: The Florida Document Number of the limited liability company is: L16000135057

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

14750 SW 26 Street

Suite# 116

Miami, Florida 33185

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

14750 SW 26 Street

Suite# 116

Miami, Florida 33185

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: CLAUDIO MONTILLA

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: CLAUDIO MONTILLA

b. No authority granted to: _____


Signature of authorized representative

Nelson Enrique Nicolas V.
Typed or printed name of signature

Filing Fee: \$25.00

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CR2E138 (2/14)

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