

L16000 153346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TASOJAFEBE 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:

JULIE COHEN

\_\_\_\_\_  
Name of Person

STROCK & COHEN ZIPPER LAW GROUP PA

\_\_\_\_\_  
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 COHEN

\_\_\_\_\_  
Name of Person

at (

954

)  
Area Code

659-2220

\_\_\_\_\_  
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: TASOJAFEBE LLC

SECOND: The Florida Document Number of the limited liability company is: L16000153346

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

15436 NW 77 COURT

MIAMI LAKES, FL 33016

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

15436 NW 77 COURT

MIAMI LAKES, FL 33016

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: Ana Cristina Benito de Calandriello or

Jaime Fernando Benito Suarez

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: Ana Cristina Benito de Calandriello

or Jaime Fernando Benito Suarez

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

X [Signature]  
Signature of authorized representative

Jaime Fernando Benito Suarez

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

STATEMENT OF AUTHORITY  
FILED  
TALLAHASSEE, FLORIDA

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