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Statement
of
Authority

FORM 100 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maderas Del Centro Hialeah, 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:

Giuseppe Mastrocristino
Name of Person

Maderas Del Centro Hialeah, LLC
Firm/Company

1130 West 23rd Street
Address

Hialeah, Florida, 33010
City/State and Zip Code

pepe98520@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giuseppe Mastrocristino at (617) 371-7375
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

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REGISTRATION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Maderas Del Centro Hialeah, LLC

SECOND: The Florida Document Number of the limited liability company is: 81-3621387 or L16000153538

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

1130 west 23rd Street
Hialeah, Florida, 33010

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

pepe98520@gmail.com

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: Giuseppe Mastrocristino

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: Giuseppe Mastrocristino

b. No authority granted to: _____

Giuseppe
Signature of authorized representative

Giuseppe Mastrocristino
Typed or printed name of signature

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

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STATE
OF FLORIDA
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