

L16000 154149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 903 Pizarro, 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:

Gabriel Bodner, Esq.

Name of Person

Nautilus Legal Services, P.A.

Firm/Company

150 SE 2nd Avenue, Suite PH1

Address

Miami, FL 33131

City/State and Zip Code

gbodner@nautiluslegal.com

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

For further information concerning this matter, please call:

Gabriel Bodner

at (305) 514-0600

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: 903 Pizarro, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000154149

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

903 Pizarro Street

Coral Gables, FL 33134

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

150 SE 2nd Avenue

Suite PH1

Miami, FL 33131

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: Giancarlo A. Galindez, as Manager and/or

Andres Galindez, as Authorized Person

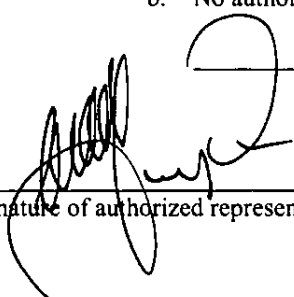
b. No authority granted to: _____

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

a. Granted to: Giancarlo A. Galindez, as Manager and/or

Andres Galindez, as Authorized Person

b. No authority granted to: _____



Signature of authorized representative

Giancarlo A. Galindez

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**