

L16000157957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

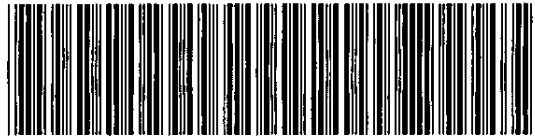
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800289724068

09/01/16--01017--004 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP - 1 P 9:41

FILED

SEP 01 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AxionTI, 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:

Eric P. Gros-Dubois, Esq.

Name of Person

EPGD Attorneys at Law, P.A.

Firm/Company

2701 Ponce de Leon Blvd., Ste. 202

Address

Coral Gables, FL 33134

City/State and Zip Code

eric@epgdlaw.com

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

For further information concerning this matter, please call:

Eric P. Gros-Dubois, Esq.

Name of Person

at (786)

Area Code

837-6787

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP - 1 P 9:41

FILED

CR2E138 (2/14)

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: AxionTI, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000157957

THIRD: The street address of the limited liability company's principal office is:
999 Ponce de Leon Blvd., Ste. 705

Coral Gables, FL 33134

The mailing address of the limited liability company's principal office is:
Same as above.

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: Liza Iaconelli

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: Liza Iaconelli

b. No authority granted to: _____


Signature of authorized representative

Clover Horacio Brito Borges

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP - 1 P 9:41

FILED