

216000220959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

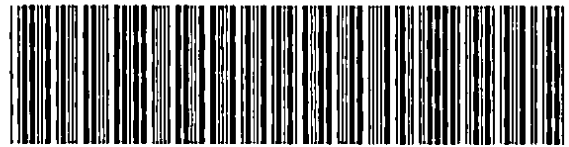
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. WARREN

DEC 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMAPT 3406 LLC, a Florida limited liability company

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:

Marco Roberto Sorgi

Name of Person

SMAPT 3406 LLC

Firm/Company

111 NE 1st Street, Second Floor

Address

Miami, FL 33132

City/State and Zip Code

MARCO@MAH.COM

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

For further information concerning this matter, please call:

Marco Roberto Sorgi

Name of Person

at (796)

Area Code

427-5552

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: SMAPT 3406 LLC

SECOND: The Florida Document Number of the limited liability company is: L16000220959

THIRD: The street address of the limited liability company's principal office is:
111 NE 1st Street, Second Floor

The mailing address of the limited liability company's principal office is:
111 NE 1st Street, Second Floor

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.

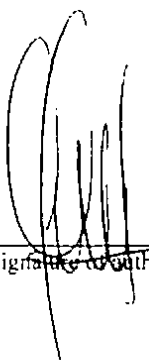
a. Granted to: Marco Roberto Sorgi a/k/a
Marco Roberto Sorgi Colmanni

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: Marco Roberto Sorgi a/k/a
Marco Roberto Sorgi Colmanni

b. No authority granted to: _____



Signature of authorized representative

Marco R. Sorgi

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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