## 1170000 23671

(Re	equestor's Name)	<u></u>				
(Ac	ddress)					
(Ac	ddress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
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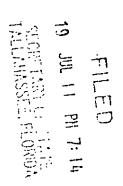
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JUL 20 2019 S. YOUNG



## COVER LETTER

	egistration Section ivision of Corporations					
SHR IU7"I	Aperol LLC					
SUBJECT: Name of Limited Liability Company						
Dear Sir or	Madam:					
The enclos	ed Statement of Authority and fee(s) are	c submitted for filing.				
Please reto	rn all correspondence concerning this n	natter to the following	:			
Ariel Giç	glio					
	Name of Person					
APERO						
	Firn/Company					
5481 Wi	iles Road, Suite 505					
	Address					
Coconu	t Creek, FL 33073					
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·				
Ariel.Giç	glio@deluxerealty.us					
E	-mail address; (to be used for future and	mal report notification	1)			
For further	information concerning this matter, ple	rase call;				
Jennifer	Beaman Clark, Esq.	407 at (	6284200			
	Name of Person	Area Code	Daytime Telephone Number			
	TREET/COURIER ADDRESS:		SG ADDRESS:			
1)	egistration Section ivision of Corporations	Division	ion Section of Corporations			
	lifton Building 561 Executive Center Circle	P.O. Box Tallahass	: 6327 see, Florida 32314			
T:	allahassee, Florida 32301					

## STATEMENT OF AUTHORITY

authority:	:			ality company submits the following			
FIRST:	The name of			LLC			
SECONI	); The Flori	da Document Numl	ber of the limited liability	y company is:		·	
		ddress of the fimite es Road, Suite	d liability company's pri 505	ncipal office is:			
- -	Coconut (	Creek, FL 3307	73				
-		g address of the fimes Road, Suite	sited liability company's 505	principal office is:			
- ! -	Coconut (	Creek, FL 3307					
position of		i a company, whether	grants or sets limitations of	of authority on all persons having the re, manager, officer or otherwise or to		c	-
i	-	Granted to: Javier	r Kogan	held in the name of the company.	Z <sub>R</sub>	1.0	
		No authority grante	ed to:		TANASSET.	Jiji   1	
<u>:</u>	2. May ent	er into other transac Granted to:	etions on behalf of, or of er Kogan	herwise act for or bind, the company.	FLORIDA	PM 7: 14	
	b.	No authority grante	ed to:				
	wef			Ariel Giglio			
Signature	of authorize	d representative	Filing Fee: \$25 Certified Conv. \$30	Typed or printed name of sig 5,00 1,00 (ontional)	nature		