

3/21/22 6:03 AM

Division of Corporations

L17000030738

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES TONY PORNPRINYA
Account Number : 120010000164
Phone : (305)893-8989
Fax Number : (305)891-7717

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CHAVIES.FELICIANO@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTH TOWER ESTATES LLC**

Certificate of Status	0
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COVER LETTER

2

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH TOWER ESTATES

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:

FELICIANO CHAVES

Name of Person

Firm/Company

546 ALHAMBRA CIRCLE

Address

CORAL GABLES FL 33134

City/State and Zip Code

chaves.feliciano@gmail.com

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

For further information concerning this matter, please call.

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR25138 (2/14)

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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: SOUTH TOWER ESTATES LLC

SECOND: The Florida Document Number of the limited liability company is: 117000030738

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

546 ALHAMBRA CIRCLE

CORAL GABLES FL 33134

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

546 ALHAMBRA CIRCLE

CORAL GABLES FL 33134

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: Feliciano Chaves

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: Feliciano Chaves

b. No authority granted to: _____

Signature of authorized representative

Feliciano Chaves, manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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2022 MAR 21 PM 2:50
CLERK OF DISTRICT COURT
MIAMI ALLEY, FL 33134