

L17000038659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

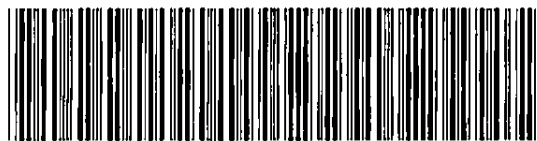
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TO: Registration Section
Division of Corporations

SUBJECT: _____
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

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

Daytime Telephone Number

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

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: REPRESENTACIONES CORAMI, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000038659

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

16831 ROYAL POINCIANA DRIVE

WESTON, FL 33326

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

16831 ROYAL POINCIANA DRIVE

WESTON, FL 33326

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.

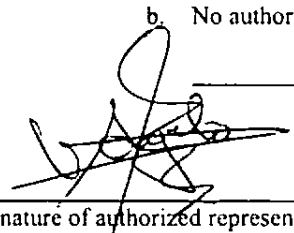
a. Granted to: OLGA BERMUDEZ DE ANYELO
ANA CRISTINA BENITO CALANDRIELLO

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: OLGA BERMUDEZ DE ANYELO
ANA CRISTINA BENITO CALANDRIELLO

b. No authority granted to: _____


Signature of authorized representative

OLGA BERMUDEZ DE ANYELO

Typed or printed name of signature

Filing Fee: **\$25.00**

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