

L17000038673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

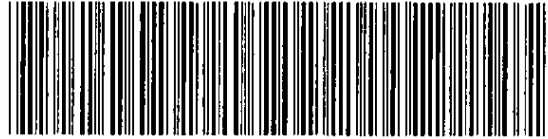
(Business Entity Name)

(Document Number)

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01028

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERSIONES MARMEL, 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:

HENRY MEDINA

Name of Person

MEDINA & ASSOCIATES

Firm/Company

7270 NW 12 ST PH 8

Address

MIAMI, FL 33126

City/State and Zip Code

MEDINACONSULTING@GMAIL.COM

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

For further information concerning this matter, please call:

HENRY MEDINA

305

9269438

at ()

Name of Person

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

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: INVERSIONES MARMEL, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000038673

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: MARIANA MOSCIATTI OR
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: MARIANA MOSCIATTI OR
ANA CRISTINA BENITO CALANDRIELLO

b. No authority granted to: _____

Mariana Mosciatti
Signature of authorized representative

MARIANA MOSCIATTI
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

2023 JUL -5 AM 7:54