

L17000145989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

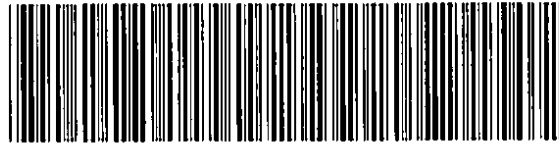
(Business Entity Name)

(Document Number)

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**STATEMENT OF AUTHORITY**

**KILZI BROS. & SONS, LLC**

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KILZI BROS. & SONS, 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:

EUGENIO DUARTE, ESQ.

\_\_\_\_\_  
Name of Person

DUARTE LAW FIRM

\_\_\_\_\_  
Firm/Company

999 PONCE DE LEON BLVD., SUITE 735

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

\_\_\_\_\_  
City/State and Zip Code

EMILKILZI18@GMAIL.COM

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

For further information concerning this matter, please call:

EUGENIO DUARTE

305

444-1958

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: KILZI BROS. & SONS, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L17000145989

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

7969 NW 2ND ST., UNIT 387

MIAMI, FL 33126

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

7969 NW 2ND ST., UNIT 387

MIAMI, FL 33126

STATE OF FLORIDA  
TALLAHASSEE, FL

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**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: EMILIO KILZI

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: EMILIO KILZI

b. No authority granted to: \_\_\_\_\_

DocuSigned by:

Jony Kilzi

3DA721C3FA394C0

Signature of authorized representative

JONY KILZI

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)