

L170001164750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2020 APR 20 PM 4:30

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APR 30 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 21 DE MARZO INVESTMENTS, 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:

GIUSEPPE DE PINTO VERNI

Name of Person

21 DE MARZO INVESTMENTS, LLC

Firm/Company

999 PONCE DE LEON BLVD., SUITE 650

Address

CORAL GABLES, FL 33134

City/State and Zip Code

HIRAM.OCARIZ@MARCUMLLP.COM

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

For further information concerning this matter, please call:

HIRAM OCARIZ, CPA 305 995-9800
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

CR2H138 (2/14)

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: 21 DE MARZO INVESTMENTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000164750

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

999 PONCE DE LEON BLVD., SUITE 650

CORAL GABLES, FL 33134

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

999 PONCE DE LEON BLVD., SUITE 650

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.

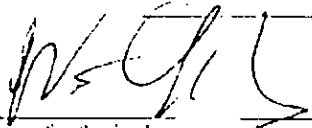
a. Granted to: ASSAF TAREK SALIM PEROZO

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: ASSAF TAREK SALIM PEROZO

b. No authority granted to: _____


Signature of authorized representative

GIUSEPPE DE PINTO VERNI

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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