

L17 000202 642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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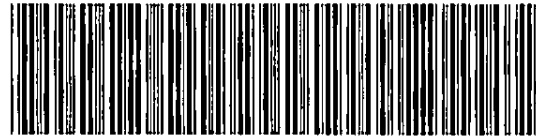
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV - 2 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IRIS ESTATES, 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:

DIECSON VILARINO

Name of Person

DOMINIUM CONSULTING SERVICES

Firm/Company

17100 COLLINS AVE SUITE 221

Address

SUNNY ISLES BEACH FLORIDA 33160

City/State and Zip Code

DIECSON@DOMINIUM.CONSULTING

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

For further information concerning this matter, please call:

DIECSON VILARINO 888 406.7602
Name of Person at () Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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: IRIS ESTATES, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000202642

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

1010 BRICKELL AVE APT # 2404

MIAMI FLORIDA 33131

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

1010 BRICKELL AVE APT #2404

MIAMI FLORIDA 33131

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.

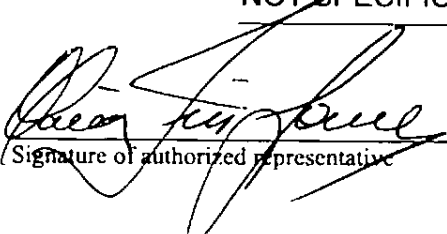
a. Granted to: RAFAEL CALIL GAMA

b. No authority granted to: NO INDIVIDUALS OR BUSINESS
NOT SPECIFICALLY LISTED IN SUBSECTION "a"

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: RAFAEL CALIL GAMA

b. No authority granted to: NO INDIVIDUALS OR BUSINESS
NOT SPECIFICALLY LISTED IN SUBSECTION "a"


Signature of authorized representative

MARIA IRIS GOMES
Typed or printed name of signature

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