

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MALISUABE 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:

JULIE COHEN

Name of Person

STROCK & COHEN ZIPPER LAW GROUP PA

Firm/Company

2900 GLADES CIR STE 750

Address

WESTON, FL 33327

City/State and Zip Code

JCOHEN@STROCKLAW.COM

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

For further information concerning this matter, please call:

JULIE COHEN

954

659-2220

at ()

Name of Person

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: MALISUABE LLC

SECOND: The Florida Document Number of the limited liability company is: L1700020721

THIRD: The street address of the limited liability company's principal office is:
15436 NW 77 COURT
MIAMI LAKES, FL 33016

The mailing address of the limited liability company's principal office is:
15436 NW 77 COURT
MIAMI LAKES, FL 33016

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 as a special person on the following:

1. May execute an instrument transferring real property held in the name of the company
a. Granted to: Ana Cristina Benito de Calandriello or Maria Ligia Suarez de Benito or Jaime Fernando Benito Suarez

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: Ana Cristina Benito de Calandriello or Maria Ligia Suarez de Benito or Jaime Fernando Benito Suarez

b. No authority granted to: _____

FILED
MAY -2 PM 2:49
TALLAHASSEE, FLORIDA

x [Signature]
Signature of authorized representative

MARIA Ligia Suarez de Benito
Jaime Fernando Benito Suarez
Typed or printed name of signature

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