L17000242814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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CORPORATE ACCESS, INC.

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PICK UP: 12/01/2020

☐ **CERTIFIED COPY** _____

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XX **FILING** STATEMENT OF AUTHORITY

1. **SOFLA GROUP USA, LLC.**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sofla Group USA, 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:

Jeffrey L. Greenberg
Name of Person

Greenberg & Strelitz, P.A.
Firm/Company

2500 N. Military Trail, Suite 235
Address

Boca Raton, FL 33431
City/State and Zip Code

jlg@greenberg-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey L. Greenberg at (561) 361-9400
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: Sofla Group USA, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000242814

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

13901 US Hwy. 1

Unit 1

Juno Beach, FL 33408

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

13901 US Hwy. 1

Unit 1

Juno Beach, FL 33408

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: Maria Rosa Rossi
   b. No authority granted to: Nicola Rossi
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
   a. Granted to : Maria Rosa Rossi
   b. No authority granted to: Nicola Rossi

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TALLAHASSEE, FLORIDA

Maria Rosa Rossi
Signature of authorized representative

Maria Rosa Rossi
Typed or printed name of signature

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

CR2E138 (2/14)