

L17 000242814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

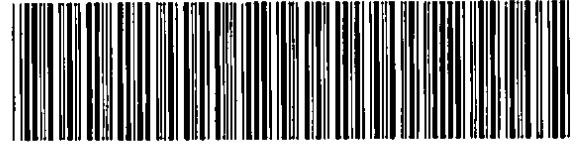
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 DEC -1 PM 3:50

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**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 12/01/2020

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- 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

Name of Person

561
at (_____) _____
Area Code

361-9400

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

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)

FILED
2020 DEC -1 AM 10:01
SECRETARY OF STATE
TELEPHONE: 850-487-1399
FACSIMILE: 850-487-1398
WWW.FLORIDA.SOS.STATE.GOV