

L18 0000 29594

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(City/State/Zip/Phone #)

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R. HUNT

02/03/24

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADOS PLAZA, 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:

Nicolas Apfelbaum, Esq.

\_\_\_\_\_  
Name of Person

Apfelbaum Law

\_\_\_\_\_  
Firm/Company

451 SW Bethany Dr., Suite 202

\_\_\_\_\_  
Address

Port St. Lucie, FL 34986

\_\_\_\_\_  
City/State and Zip Code

napfelbaum@alawfl.com

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

For further information concerning this matter, please call:

Nicolas Apfelbaum, Esq.

772 236-4009  
at ( )

\_\_\_\_\_  
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: ADOS PLAZA, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L18000029594

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

451 SW Bethany Dr., Suite 202, Port St. Lucie, FL 34986

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

451 SW Bethany Dr., Suite 202, Port St. Lucie, FL 34986

**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: \_\_\_\_\_

b. No authority granted to: Yolanda Rodriguez or Jose Luis Huayhua

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

a. Granted to: \_\_\_\_\_

b. No authority granted to: Yolanda Rodriguez or Jose Luis Huayhua

  
\_\_\_\_\_  
Signature of authorized representative

Yolanda Rodriguez  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)