

L18 000035834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

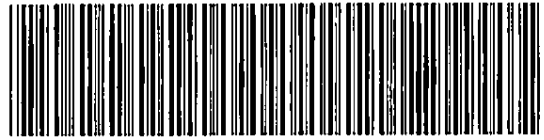
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Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2023

EVELYN MACKENZIE
5251 FISHER ISLAND DRIVE
MIAMI BEACH, FL 33109

SUBJECT: PORTOFINO 504, LLC
Ref. Number: L18000035834

We have received your document for PORTOFINO 504, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 923A00011573

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6-13-23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Portofino 504, 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:

Evelyn MacKenzie

Name of Person

Firm/Company

5251 Fisher Island Drive

Address

Miami Beach, Florida 33109

City/State and Zip Code

evelyn@arialuxerealty.com

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

For further information concerning this matter, please call:

Evelyn MacKenzie

305

519-8404

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

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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: Portofino 504, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000035834

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

5251 Fisher Island Drive, Miami Beach, FL 33109

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

5251 Fisher Island Drive, Miami Beach, FL 33109

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: Evelyn MacKenzie

b. No authority granted to: Nick Weir

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

a. Granted to: Evelyn MacKenzie

b. No authority granted to: Nick Weir



dotloop verified
03/17/23 10:27 AM EDT
GADB 0x110B57 VP1P

Signature of authorized representative

Nick Weir

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

2023 JUN 13 AM 11:09

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