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COVER LETTER

TO: Registration Section Division of Corporations	•	
LA TORRE 2 HOLDING, LLC SUBJECT:		
	e of Limited Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee((s) are submitted for filing.	
Please return all correspondence concerning t	his matter to the following	;
Yanina Miculitzki, Esq		
Name of Person		
Yanina Miculitzki, PA		
Firm/Company	·	
2999 N.E. 191 St, Suite 403		
Address		
Aventura, FL, 33180		
City/State and Zip Code		
yanina@miculitzkilaw.com		
E-mail address: (to be used for future	re annual report notification	n)
For further information concerning this matte	er, please call:	
Yanina Miculitzki	786	3615567)
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 authority:	o section 605.0302(1), Florida Statutes, this limited liability company submits the following	ng statement of
FIRST: T	he name of the limited liability company is: LA TORRE 2 HOLDING, LLC	
SECOND	: The Florida Document Number of the limited liability company is:	
	The street address of the limited liability company's principal office is: 999 NE 191ST	
	VENTURA, FL 33180	
2	The mailing address of the limited liability company's principal office is: 999 NE 191 ST	
_ ^	VENTURA FL 33180	
position o	1: This statement of authority grants or sets limitations of authority on all persons having f a person in a company, whether as a member, transferee, manager, officer or otherwise the following:	
ı	. May execute an instrument transferring real property held in the name of the company	<i>t</i> .
	a. Granted to:	<i>₽</i>
	b. No authority granted to: IGNACIO CATTANEO as Manager	2003 JAN 19 PAI
2	. May enter into other transactions on behalf of, or otherwise act for or bind, the comp. a. Granted to:	PH 12: 38 (SSEE, FL
	h. No authority granted to:	
Signature	of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	