

L180000052206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600380484966

01/31/22--01013--030 **25.00

2022 JAN 31 PM 12:04
Filing Office
Clerk of Court

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAMONHA LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christian Waugh
Name of Person

Waugh Grant PLLC
Firm/Company

201 E. Pine St Suite 315
Address

Orlando FL 32801
City/State and Zip Code

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

For further information concerning this matter, please call:

Christian Waugh at (321) 800-6008
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: PAMONHA LLC

SECOND: The Florida Document Number of the limited liability company is: L18000052206

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

7065 WESTPOINTE BLVD

SUITE 102

ORLANDO, FL 32835

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

7065 WESTPOINTE BLVD

SUITE 102

ORLANDO, FL 32835

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: THIAGO ALVES

b. No authority granted to: N/A

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

a. Granted to: THIAGO ALVES

b. No authority granted to: N/A

Signature of authorized representative

NELSON LUIZ BARBOSA

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2022 JAN 31 PM 12:14