# L1800009652Z

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## COVER LETTER

TO:	Registration Section Division of Corporations	,	
SUBJI	LA TORRE 3, LLC		
	Name o	f Limited Liability Co	npany
Dear S	ir or Madam:	`	
The en	closed Statement of Authority and fee(s)	are submitted for filing	<u>'</u> .
Please	return all correspondence concerning this	s matter to the followin	g:
Yanina	n Miculitzki, Esq		
	Name of Person		_
Yanina	a Miculitzki, PA		
	Firm/Company		_
2999 1	N.E. 191 St, Suite 403		
	Address		
Aventi	ura, FL, 33180		
	City/State and Zip Code		_
yanina	@miculitzkilaw.com		
	E-mail address: (to be used for future	annual report notificati	on)
For fu	rther information concerning this matter,	please call:	
Yanin	a Miculitzki	786 at (	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 section 605.0302(1), Florida Statutes, this limited liability company submits the fauthority:	ollowing statement of
FIRST: The name of the limited liability company is: LA TORRE 3, LLC	
SECOND: The Florida Document Number of the limited liability company is:	2
THIRD: The street address of the limited liability company's principal office is:  2999 NE 191ST	
AVENTURA, FL 33180	
The mailing address of the limited liability company's principal office is:  2999 NE 191 ST	
AVENTURA FL 33180	
<b>FOURTH:</b> This statement of authority grants or sets limitations of authority on all persons hosition of a person in a company, whether as a member, transferee, manager, officer or other person on the following:	
1. May execute an instrument transferring real property held in the name of the co	
a. Granted to:	1073.11
b. No authority granted to: IGNACIO CATTANEO as Manager	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the  a. Granted to:	company. 1
b. No authority granted to:	
Signature of authorized representative  Filing Fee: \$25.00	Riverol ame of signature