

L18000120342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

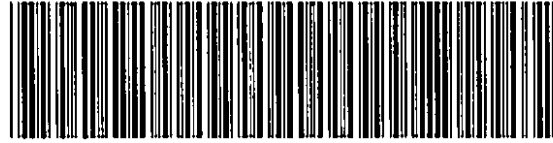
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

K. SALY
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COVER LETTER

TO: Registration Section
Division of Corporations

POP-A-LOCK MIAMI, LLC

SUBJECT: _____
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:

Leon F. Hirzel

Name of Person

Hirzel Dreyfuss & Dempsey, PLLC

Firm/Company

2333 Brickell Avenue, Suite A-1

Address

Miami, FL 33129

City/State and Zip Code

hirzel@hddlawfirm.com

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

For further information concerning this matter, please call:

Leon F. Hirzel 305 609-6733

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32304

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: POP-A-LOCK MIAMI, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000120342

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

20815 NE 16 AVENUE #B32

AVENTURA, FL US 33179

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

20815 NE 16 AVENUE #B32

AVENTURA, FL US 33179

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, trustee, 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 Daniel Liberman and Ernesto Dorfman

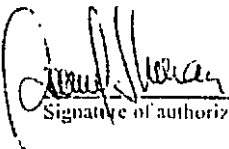
b. No authority granted to Jose Pajon

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

a. Granted to Daniel Liberman and Ernesto Dorfman

b. No authority granted to Jose Pajon

except to obtain governmental permits and licenses


Signature of authorized representative

DANIEL LIBERMAN
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA