

L18000121838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

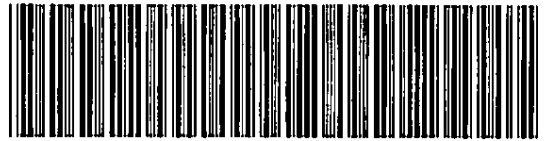
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONTOSKY, 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:

MICHELE MONTI

Name of Person

MONTOSKY LLC

Firm/Company

PARAGUAY 2381 P12.032000 OC

Address

ROSARIO, SANTA FE, ARGENTINA, OC

City/State and Zip Code

ROSARIO, SANTA FE, ARGENTINA, OC

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

For further information concerning this matter, please call:

GRAZIANO PIETROPAOLO

305

842 0229

Name of Person

at (_____) _____
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: MONTOSKY, LLC

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SECRETARY OF STATE
TALLAHASSEE, FL

SECOND: The Florida Document Number of the limited liability company is: L18000121838

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

20 N ORANGE AVENUE UNIT 1100 ORLANDO, FL 32801

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

PARAGUAY 2381 P12.03ROSARIO, SANTA FE OC 2000 OC AR

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: GRAZIANO ANTONIO PIETROPAOLO

b. No authority granted to: _____

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

a. Granted to: GRAZIANO ANTONIO PIETROPAOLO

b. No authority granted to: _____


Signature of authorized representative

Michele Monti / Lucia Glagovsky
Typed or printed name of signature

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