48 000 133 704

(Requ	uestor's Name)			
(Addr	ess)			
(Addr	ess)			
(City/	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



600345481926



06/02/20--01023--002 **165.00

JUN 1 9 2020

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	Fiorenza Inv. LLC
SUBJEA	Name of Limited Liability Company
Dear Sir	or Madam:
The encl	osed Statement of Authority and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
Monica	Guzman
	Name of Person
	Firm/Company
10 SE 1	3th Street, D-4
	Address
Boca Ra	ton, Florida 33432
	City/State and Zip Code
monune	on04@gmail.com
	E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
Monica	Guzman 561 405-1308 at ()
	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 sect authority:	tion 605.0302(1), Florida Statutes, this	limited liability company	
FIRST: The magnetic of the mag	ame of the limited liability company is:	Fiorenza Inv. LLC	2020 JUN - 2 PH 4: 41
SECOND: Th	e Florida Document Number of the lim	ited liability company is:	1.18000133704
	street address of the limited liability cor 13th Street, D-4	npany's principal office is	
Boca	Raton, Florida 33432		
	mailing address of the limited liability (company's principal offic	
Boca	Raton, Florida 33432	-	
position of a pe person on the fo	nis statement of authority grants or sets erson in a company, whether as a memb following: lay execute an instrument transferring range. Monica Guzman, Warner to:	er, transferee, manager, o	officer or otherwise or to a specific arms of the company.
	b. No authority granted to: Carlos		
2. N	May enter into other transactions on beh a. Granted to: Monica Guzman,		or or bind, the company.
	b. No authority granted to:	Choroco	
n []	MERM	Monica	n Guzman
Signature of an	thorized representative Filing Fe	= -	d or printed name of signature 1)