

L18000 133713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

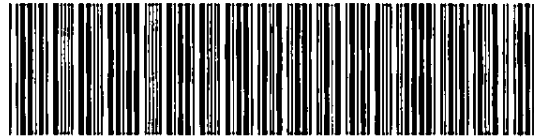
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN 1 - 2

PM 4:4

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O SIMMONS

JUN 19 2020

TO: Registration Section
Division of Corporations

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

405-1308

at (_____)

Name of Person

Area Code

Daytime Telephone Number

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

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: Verona Inv, LLC 2020 JUN -2 PM 4:41

SECOND: The Florida Document Number of the limited liability company is: L18000133713

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

10 SE 13th Street, D-4

Boca Raton, Florida 33432

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

10 SE 13th Street, D-4

Boca Raton, Florida 33432

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.

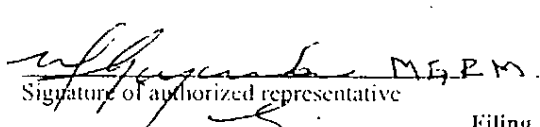
a. Granted to: Monica Guzman, Windy Guzman, and Anna Guzman

b. No authority granted to: Carlos Choroco

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

a. Granted to: Monica Guzman, Windy Guzman, and Anna Guzman

b. No authority granted to: Carlos Choroco


Signature of authorized representative

Monica Guzman

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)