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(Requestor's Name) (Address) (Address)	000329568310
(City/State/Zip/Phone #)	
(Document Number)	05/26/1601005015 ★★30.00
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COVER LETTER

TO: Registration Section Division of Corporations

NEGRONI 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:

Vivian A. Jaime

Name of Person

RTE TITLE COMPANY

Firm/Company

2915 Biscayne Blvd., Suite 300

Address

Miami, FL 33137

City/State and Zip Code

DanyAlonso33160@gmail.com

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

For further information concerning this matter, please call:

Daniel Alonso

Name of Person

Area Code

at (

Daytime Telephone Number

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 HAY 23 PH 4: 44

CR2E138 (2/14)

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: ______

SECOND: The Florida Document Number of the limited liability company is: L18000147373

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

234 Poinciana Drive

Sunny Isles, FL 33160

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

234 Poinciana Drive

Sunny Isles, FL 33160

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.

Granted to: _____ a.

or individually

No authority granted to: _____ b.

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

Granted to : _____ а.

individually

b.

No authority granted to: _____

ntative Filing Fee: \$25.00

Sergio A. Lujan + Daniel Typedoprinted name of signature Alonso

5.1.1.3

h티 :키 Hc

Certified Copy: \$30.00 (optional)