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2023 SEP 19 PM 3: 24

COVER LETTER

	Division of Corporations		
SUBJE	AAARIA5000 L.L.C.		
	Name of	Limited Liability Co	mpany
Dear Si	r or Madam:		
he en	closed Statement of Authority and fee(s) a	are submitted for filing	g.
Please	return all correspondence concerning this	matter to the following	ng:
	Sega Jana/Lo		
	Name of Person		
EMPII	RE 55 HOMES MANAGEMENT LLC		
	Firm/Company		_
782 N	W 42nd Ave. Ste 332		
	Address	· · · · · · · · · · · · · · · · · · ·	_
MIAM	I, F1, 33126		
	City/State and Zip Code		
empire	55homes@gmail.com		
	E-mail address: (to be used for future a	nnual report notificat	ion)
For fur	ther information concerning this matter, p	olease call:	
Sergio	Carvalho	305	549-8280
	Name of Person	at (Area Code	e 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

authority	to section 605.0302(1), Florida Statutes, this limited liability company submits the follow: The name of the limited liability company is: AAARIA5000 L.L.C.	Ū		
FIRST:	The name of the limited hability company is:			
SECON				
THIRD:	The street address of the limited liability company's principal office is: 488 NE 18TH ST #5000			
	MIAMI, FI, 33132			
	The mailing address of the limited liability company's principal office is: 782 NW 42nd Ave. Ste 332			
	Miami, FL 33126			
position person o		or to a s		
	b. No authority granted to: Sujeiri Castillo	SSEE, FLOR	19 PM 3: 6	1
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comparation at the comparation of the comp	ÖF an y	7.	
	b. No authority granted to: Sujeiri Castillo			
	Recolonation Sergio Carvatho			
Signature	c of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signatu	ire	