

L1800021187615815  
Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : GEOFFREY M. WAYNE, P.A.  
Account Number : 076770003401  
Phone : (305)381-8108  
Fax Number : (305)381-8109

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: GN@ATTORNEYMIAMI.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SPQR CREDITUM LLC**

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPQR CREDITUM 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:

Cindy Elizabeth Calderon

Name of Person

Geoffrey M. Wayne, P.A.

Firm/Company

135 San Lorenzo Ave., PH 840

Address

Coral Gables, FL 33146

City/State and Zip Code

GN@ATTORNEYMIAMI.COM

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

For further information concerning this matter, please call:

Cindy Calderon

Name of Person

305

Area Code

381-8108

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

## 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: SPQR CREDITUM LLC

**SECOND:** The Florida Document Number of the limited liability company is: L18000175815

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

135 SAN LORENZO AVE., PH 840

CORAL GABLES, FL 33146

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

135 SAN LORENZO AVE., PH 840

CORAL GABLES, FL 33146

**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

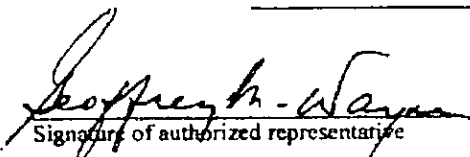
a. Granted to: \_\_\_\_\_

b. No authority granted to: RICARDO PERDOMO

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

a. Granted to: \_\_\_\_\_

b. No authority granted to: RICARDO PERDOMO

  
Signature of authorized representative

Geoffrey M. Wayne

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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