

L18000183435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

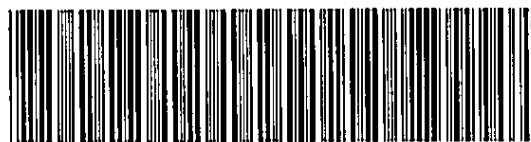
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Statement
of
Authority

APR 14 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DI ALE & MP, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yolanda Arencibia

Name of Person

MORIS & ASSOCIATES

Firm/Company

3650 NW 82nd Avenue, Suite 401

Address

Doral, FL 33166

City/State and Zip Code

yarencibia@anmpa.com

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

For further information concerning this matter, please call:

Yolanda Arencibia

305

874-0372

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

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TALLAHASSEE, FL

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: D1 ALE & MP, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000183435

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

4415 Treehouse Ln Unit H

Tamarac, FL 33319

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

5176 NW 84TH AVE

DORAL, FL 33166

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of 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: Valentina M Sanchez

b. No authority granted to: _____

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

a. Granted to: Valentina M Sanchez, limited to power to sell property

located at 4415 Treehouse Lane #H, Tamarac, FL 33319 in the name of The Company.

b. No authority granted to: _____


Signature of authorized representative

Alejandra Diaz Seekatz
Signature of authorized representative

MARTIN PERNIA
Typed or printed name of signature

ALEJANDRA DIAZ SEEKATZ
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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