

L18000265340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

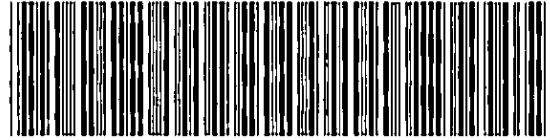
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32304

D. SCOTT
JAN 8 2019

COVER LETTER

TO: Registration Section
Division of Corporations

PELONES, 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:

YANINA MICULITZKI, ESQUIRE

Name of Person

YANINA MICULITZKI, P.A.

Firm/Company

2999 N.E. 191 ST, SUITE 403

Address

AVENTURA, FL, 33180

City/State and Zip Code

YANINA@MICULITZKILAW.COM

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

For further information concerning this matter, please call:

YANINA MICULITZKI

786

3615567

at ()

Name of Person

Area Code

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

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

PELONES, LLC

FIRST: The name of the limited liability company is: _____

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

THIRD: The street address of the limited liability company's principal office is:
19900 Highland Lakes Blvd, Miami, FL, 33179

The mailing address of the limited liability company's principal office is:
19900 Highland Lakes Blvd, Miami, FL, 33179

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.

Enrique Berardi, Manager

- a. Granted to: _____

- b. No authority granted to: **Ramiro Melida, Manager or**

Veronica M. Nunez, Manager

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: _____

Signature of authorized representative

Enrique Berardi

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**