

L18000283728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

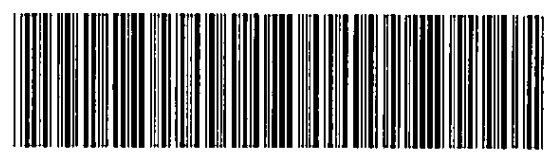
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/17/22--01024--024 ++25.00

FILED
2022 JUN 17 AM 10:49
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lusitania Investments 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:

Rui M. Soares
Name of Person

Lusitania Investments LLC
Firm/Company

1511 Biscuitz Dr.
Address

Miami Beach, FL 33141
City/State and Zip Code

ra-soares@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Soares at (305) 8090582
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

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: Lusitania Investments LLC

SECOND: The Florida Document Number of the limited liability company is: 218000283728

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

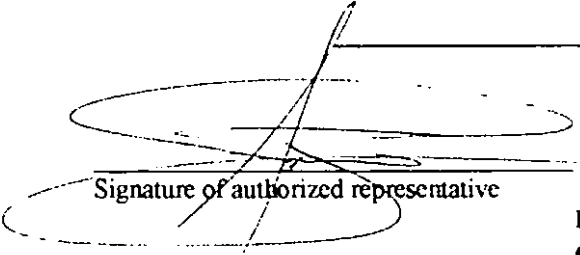
1511 Biarritz Dr.
Miami Beach, Fl. 33141

The mailing address of the limited liability company's principal office is:
1511 Biarritz Dr.
Miami Beach, Fl. 33141

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CLERK OF COUNTY OF DADE
FALLAHASSEE, FLORIDA

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: R.S.
 - a. Granted to: _____
 - 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: Joao B. Neto
DRIVERS LICENSE ID: NJ00-422-56-1270
 - b. No authority granted to: _____


Signature of authorized representative

Rui J. Soares
Typed or printed name of signature

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

USA

Florida

DRIVER LICENSE

CLASS E

300-422-56127-0

NETO
JOAO B BARTIZ DR
1511 BARTIZ DR
WALTON BEACH, FL 33111-4771

ISSUE 04/07/1959 EXPIRE 04/07/2028

SEX M HT 5-10 WT 150 HA BRN EYES BRN

13 MILE HOME IN CAR A

SAFE DRIVER

DL NO. 02767020

300 917 0000

Department of Transportation

Consent to my information being reported by me.

