

L19000041715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

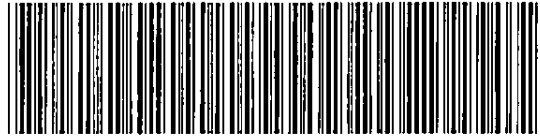
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

cy 9/22/2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PILSUE 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:

Perla Sole Calas, Esq.

Name of Person

Corvo & Calas

Firm/Company

14750 NW 77th CT, Suite 300

Address

Miami Lakes, FL 33016

City/State and Zip Code

paralegal2@corvocalas.com

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

For further information concerning this matter, please call:

Kristen Gonzalez

305

827-0084

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

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: PILSUE LLC

SECOND: The Florida Document Number of the limited liability company is: L19000041715

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

11402 NW 41 ST, SUITE 211-510

Doral, FL 33178

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

11402 NW 41 ST, SUITE 211-510

Doral, FL 33178

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TALLAHASSEE, FL

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:

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

a. Granted to: JUAN PABLO BARBERENA EZQUERRA

b. No authority granted to:



Jose Ignacio Barberena Aramburu

Signature of authorized representative

Jose Ignacio Barberena Aramburu

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)