Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VDT CORPORATE SERVICES

Account Number : I20100000047 Phone : (305)878-1516 Fax Number : (786)542-5995

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROC GLOBAL RE L.L.C.

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COVER LETTER

| SUBJECT: | PROC GLOBAL RE L.L.C. | Limited Liebility Comp | |
|---------------|---|---------------------------|--------------------------|
| Dear Slr or I | | Elitined Elsolliny Comp | in(l) |
| Dear Sil Or 1 | Mayanı: | | |
| The enclosed | d Statement of Authority and fee(s) a | re submitted for filing. | |
| Please return | all correspondence concerning this | matter to the following: | · |
| JOAO PED | RO VOLZ | | |
| | Name of Person | | |
| VDT CORP | ORATE SERVICES LLC | | |
| | Firm/Company | | |
| 150 SE 2ND | AVE SUITE 905 | | |
| | Address | | |
| MIAMI, FL | 33131 | | |
| | City/State and Zip Code | | |
| ccouto@ | SAINTIOSEPHGROUP.COM | | |
| E-n | nail address; (to be used for future an | inual report notification |) |
| For further i | nformation concerning this matter, pl | lease cell: | |
| JOAO PEDI | RO VOLZ | 305 | 503-9867 |
| | 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

CR2E138 (2/14)

CR2E138 (2/14)

STATEMENT OF AUTHORITY

| FIRST: Th | he name of the limited liability company is: PROC GLOBAL RE L.L.C. | |
|-----------------------------|---|------------------|
| SECOND: | The Florida Document Number of the Ilmited liability company is: L19000063104 | |
| | The street address of the limited liability company's principal office is: 50 SE 2ND AVE STE 906 | |
| M | IIAMI, FL 33131 | |
| | The mailing address of the Ilmited liability company's principal office is: 50 SE 2ND AVE STE 906 | |
| М | 11AMI, PL 33131 | |
| | This statement of authority grants or sets limitations of authority on all persons having | the status or |
| erson on t | a person in a company, whether as a member, transfered, manager, officer or otherwise of he following: May execute an instrument transferring real property held in the name of the company a. Granted to: VALERIA BARCHESE COMINATO | or to a specific |
| osition of t erson on th | a person in a company, whether as a member, transfered, manager, officer or otherwise on the following: May execute an instrument transferring real property held in the name of the company | or to a specific |
| erson on t | a person in a company, whether as a member, transfered, manager, officer or otherwise of the following: May execute an instrument transferring real property held in the name of the company a. Granted to: VALERIA BARCHESE COMINATO | or to a specific |
| osition of derson on the | a person in a company, whether as a member, transferee, manager, officer or otherwise of the following: May execute an instrument transferring real property held in the name of the company a. Granted to: VALERIA BARCHESE COMINATO b. No authority granted to: PATRICIA REGIA CARLOS May enter into other transactions on behalf of, or otherwise act for or bind, the company | or to a specific |

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