

L19000 043 954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 JUL 29 AM 8:00
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AUG 01 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Malisia Records 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:

Albert Santiago
Name of Person

Malisia Records LLC
Firm/Company

22240 Midway Blvd
Address

Port Charlotte FL 33952
City/State and Zip Code

Malisia.record@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Santiago at (941) 286-4044
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

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: Malisia Records LLC

SECOND: The Florida Document Number of the limited liability company is: L19000093954

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

22240 Midway Blvd Port Charlotte
FL 33952

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

22240 Midway Blvd Port Charlotte
FL 33952

2019 JUL 29 PM 8:50

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: Albert Santiago

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: Albert Santiago

b. No authority granted to: _____

Albert Santiago
Signature of authorized representative

Albert Santiago
Typed or printed name of signature

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