

L19000 140 419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

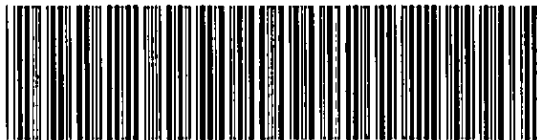
(Business Entity Name)

(Document Number)

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Statement
of
Authority

AUG 24 2020
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DNAA Services & Consult 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:

Julie Ribeiro

Name of Person

Title Partners of South Florida, Inc.

Firm/Company

2400 E. Commercial Blvd, Suite 104

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

edsonassisusa@gmail.com

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

For further information concerning this matter, please call:

Milene Carvalho

954

643-9330

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

20 JUN - 2 PM 13
TALLAHASSEE
DIVISION OF CORPORATIONS
STAFF

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: DNAA Services & Consult LLC

SECOND: The Florida Document Number of the limited liability company is: L19000140419

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

3879 Tree Top Drive

Weston, FL 33332

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

3879 Tree Top Drive

Weston, FL 33332

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.

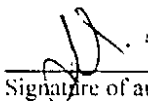
a. Granted to: Milene Carvalho

b. No authority granted to: N/A

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

a. Granted to: N/A

b. No authority granted to: N/A


Signature of authorized representative

Edson Carlos De Assis
Typed or printed name of signature

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

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JAN 11 2019