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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108 Fax Number : (305)381-8109

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

Email Address: GN@ATTORNEYMIAMI.COM

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SCORESHIELD FINANCIAL GROUP, LLC

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Registration Section

TO:

COVER LETTER

Div	ision of Corporations		
SUBJECT:	SCORESHIELD FINANCIAL C	GROUP LLC	
SUBJECT.	Name of Lim	ited Liability Compan	у
Dear Sir or I	Mudam:		
The enclosed	d Statement of Authority and fee(s) are su	binitted for filing.	
Please returi	all correspondence concerning this matt	er to the following:	
Alexis I. I	Marrero Koratich, ESQ		
	Name of Person		
Geoffrey	M. Wayne, P.A.		
	Firm/Company		
135 San	Lorenzo Avenue, PH 840		
	Address	·	
Coral Ga	ibles, Florida 33146-1513	_	
	City/State and Zip Code		
GN@AT	TORNEYMIAMI.COM		
E-	mail address: (to be used for future annua	al report notification)	
For further	information concerning this matter, pleas	e call:	
Alexis I.	Marrero Koratich, ESQ	305 at ()_	381-8108
	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
Tallahassec, Florida 32314

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority F1RST:	The name o	f the limited liability company is:	DRESHIELD FINANCIAL GROUP LLC	
SECON	D: The Flor	ida Document Number of the limited lis	ability company is: L19000161279	
		address of the limited liability company		
	Miramar,	FL 33025		
		ng address of the limited liability compa / 39th St.	any s principal office is:	
	Miramar, FL 33025			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in the following	ecute an instrument transferring real pr		
	ъ.	No authority granted to:		
	2. May c	Granted to: Pedro E. Sebasco	or otherwise act for or bind, the company.	
	b.	No authority granted to:		
al	leid A	example.	Alexis I. Marrero Koratich	
Signatu	re of authoris	zed representative Filling Fee:	Typed or printed name of signature \$25.00 by: \$30.00 (optional)	

CR2E138 (2/14)