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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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SCORESHIELD FINANCIAL GROUP, LLC

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	SCORESHIELD FINANCIAL (GROUP LLC	
SUBJEC	Name of Limited Liability Company		
Dear Sir	or Madanı:		
The enclo	osed Statement of Authority and fee(s) are su	bmitted for filing.	
Please re	turn all correspondence concerning this matt	SHIELD FINANCIAL GROUP LLC Name of Limited Liability Company of Authority and fee(s) are submitted for filing. Indence concerning this matter to the following: oratich, Esq. Name of Person e, P.A. Firm/Company Avenue, PH 840 Address ida 33146-1513 ate and Zip Code	
Alexis	l. Marrero Koratich, Esq.		
	. Name of Person		
Geoffr	ey M. Wayne, P.A.		
	Firm/Company	·	
135 Sa	an Lorenzo Avenue, PH 840		
	Address		
Coral	Gables, Florida 33146-1513		
	City/State and Zip Code		
GN@/	ATTORNEYMIAMI.COM		
	E-mail address: (to be used for future annua	l report notification)	
For furth	er information concerning this matter, please	e call:	
Alexis	l. 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 Tallahassee, Florida 32314

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STATEMENT OF AUTHORITY

Pursuant authority		05.0302(1), Florida Statutes, this limited liability company	submits the following statement of			
ftrst:	The name o	f the limited liability company is: SCORESHIELD F	INANCIAL GROUP LLC			
SECON	SECOND: The Florida Document Number of the limited liability company is: L19000161279					
	The street	address of the limited liability company's principal office is V 39th St.	s:			
	Miramer	FL 33025				
		ng address of the limited liability company's principal office	œ-is:			
	Miramar	FL 33025				
position -	of a person n the follow	ecute an instrument transferring real property held in the re	ame of the company.			
	ъ.	No authority granted to: nter into other transactions on behalf of, or otherwise act for	- √			
	2. May c	Earle Elton Browne & Ionacio Sa	ienz Lancuba 🖰 🗢 🔭 🕍			
	ь.	No authority granted to:	<u> </u>			
						

Signature of authorized representative
Filing Fac: S

Alexis I. Marrero Koratich

Typed or printed name of signature

Filing Fac: \$25.00
Certified Copy: \$30.00 (outlined)