

L19000170357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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2020 JAN -9 AM 8:04
FILING

JAN 10 2020

C Kinsey



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2019

YANINA MICULITZKI
2999 NE 1991 ST STE 403
AVENTURA, FL 33180

SUBJECT: GIOVANNI BEACH, LLC
Ref. Number: L19000170357

We have received your document for GIOVANNI BEACH, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

For the statement of authority requires a 25.00 dollar fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 919A00025966

2020 JAN -9 PM 11:10

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COVER LETTER

TO: Registration Section
Division of Corporations

GIOVANNI BEACH, LLC

SUBJECT: _____
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:

Yanina Miculitzki

Name of Person

Yanina Miculitzki, P.A.

Firm/Company

2999 N.E. 191 ST, SUITE 403

Address

Aventura, FL 33180

City/State and Zip Code

YANINA@MICULITZKILAW.COM

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

For further information concerning this matter, please call:

YANINA MICULITZKI

786

3615567

at (_____) _____

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:

GIOVANNI BEACH, LLC

FIRST: The name of the limited liability company is: _____

L19000170357

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

THIRD: The street address of the limited liability company's principal office is:
2000 ATLANTIC SHORES BLVD, \$412, HALLANDALE BEACH, FL 33009

The mailing address of the limited liability company's principal office is:
2000 ATLANTIC SHORES BLVD, \$412, HALLANDALE BEACH, FL 33009

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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: _____

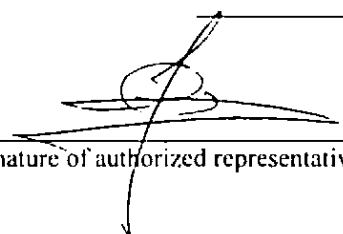
VERONICA MARICEL NUNEZ OR ALEJANDRO LUIS AVILA

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 : _____

b. No authority granted to: _____



Signature of authorized representative

Enrique Berardi

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)