



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000336186 3)))



H190003361863ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OLIVARES HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2019 NOV 15 PM 1:47

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2019 NOV 15 PM 1:48

FILED

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: OLIVARES HOLDINGS LLC

SECOND: The Florida Document Number of the limited liability company is: L19000173623

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

1565 N. Park Dr., Suite 100

Weston, FL 33326

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

1565 N. Park Dr., Suite 100

Weston, FL 33326

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.

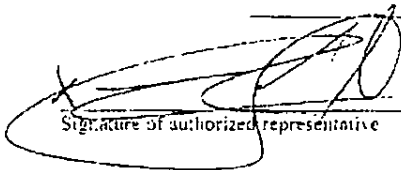
a. Granted to: XAVIER MARCOS PAULSON

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: XAVIER MARCOS PAULSON

b. No authority granted to: _____


Signature of authorized representative

Rodolfo A. Olivares Aliste

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E158 (2-14)

2019 NOV 15 PM 7:48

FILED