

L19000186240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

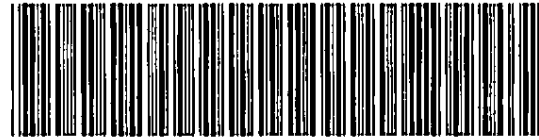
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY 10 AM 10:57
JUN 10 2022

JUN 20 2022
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alizes FOUR 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:

DE FALGUIERES, WALDEMAR

Name of Person

Firm/Company

19821 NW 2ND AVE #385

Address

MIAMI GARDENS, FL 33169

City/State and Zip Code

FFMSERVICESLLC@GMAIL.COM

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

For further information concerning this matter, please call:

DE FALGUIERES WALDEMAR

954

2137259

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

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2022 MAY 10 AM 10:57
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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: ALIZES FOUR LLC

SECOND: The Florida Document Number of the limited liability company is: L19000186240

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

19821 NW 2ND AVESUITE 385MIAMI GARDENS, FL 33169

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

19821 NW 2ND AVESUITE 385MIAMI GARDENS, FL 33169

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: WALDEMAR DE FALGUIERES

b. No authority granted to: CORINNE DE FALGUIERES,
DE FALGUIERES ALEXANDRA, DE FALGUIERES CYRIAQUE

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

a. Granted to: DE FALGUIERES, WALDEMAR

b. No authority granted to: DE FALGUIERES, CORINNE
DE FALGUIERES, ALEXANDRA, DE FALGUIERES CYRIAQUE

Signature of authorized representative

DE FALGUIERES, WALDEMAR

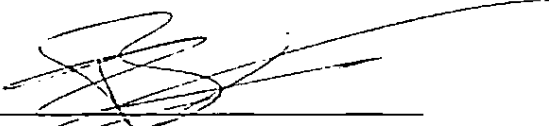
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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CLERK OF CIRCUIT COURT
JANICE L. BROWN, CLERK

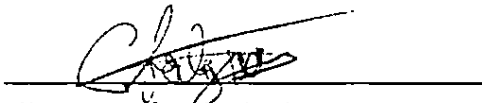
Continuance of page 2



Signature of authorized representative

SIDNEY BRESSI

Typed or printed name of signature



Signature of authorized representative

De Falguieres Corinne

Typed or printed name of signature



Signature of authorized representative

ALEXANDRA DE FALGUIERES

Typed or printed name of signature



Signature of authorized representative

De Falguieres Cyrille

Typed or printed name of signature

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FBI - NEW YORK