

2/23/2021

Division of Corporations

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.

(((H21000074664 3)))



H210000746643ABC/

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 : CONTADORSUNNYISLES.COM INC
Account Number : 120200000118
Phone : (305)260-6968
Fax Number : (786)513-7810

****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
ZENIT GLASS AMERICA LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2021 FEB 23 PM 5:26

TALLAHASSEE, FLORIDA

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: ZENIT GLASS AMERICA LLC

SECOND: The Florida Document Number of the limited liability company is: L19000237996

THIRD: The street address of the limited liability company's principal office is:
15805 BISCAYNE BLVD STE 201

AVENTURA, FL 33160

The mailing address of the limited liability company's principal office is:
15805 BISCAYNE BLVD STE 201

AVENTURA, FL 33160

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.

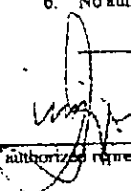
a. Granted to: EMERSON GUEDES

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: EMERSON GUEDES

b. No authority granted to: _____


Signature of authorized representative

WILSON MODESTO DA SILVA

Typed or printed name of signature