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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: VIACAR CAPITAL 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 m	natter to the following:			
Jose Selanikio				
Name of Person				
The Benhayoun Law Firm				
Firm/Company				
12000 Biscayne Blvd. Suite 221				
Address				
Miami, FL 33181				
City/State and Zip Code				
officemanager@benhayounlaw.com				
E-mail address: (to be used for future ann	nual report notification	<u> </u>		
For further information concerning this matter, ple	ase call:			
Jose Selanikio	305	434-8233		
Name of Person	at (Area Code	Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations		Registration Section		
Clifton Building		Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahass	Tallahassee, Florida 32314		

Tallahassee, Florida 32301

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: VIACAR CAPITAL LLC	
	
SECOND: The Florida Document Number of the limited liability company is: L190002	52665
THIRD: The street address of the limited liability company's principal office is: 12000 Biscayne Blvd.	
Suite 221	
North Miami, FL 33181	
The mailing address of the limited liability company's principal office is: 12000 Biscayne Blvd.	
Suite 221	
North Miami, FL 33181	
FOURTH: This statement of authority grants or sets limitations of authority on all persons position of a person in a company, whether as a member, transferee, manager, officer or oth person on the following: 1. May execute an instrument transferring real property held in the name of the coand/or may enter into a contract to self or otherwise transfer real property held company. a. Granted to:	nerwise or to a specific
b. No authority granted to: Pedro Raphael Khouri	
2. May open, close, transfer funds to or from, the bank accounts of the company transact any other banking business on behalf of the company. a. Granted to: Pedro Raphael Khouri	2019 DEC -9 SECRE JAATE FALLAHASSEE
b. No authority granted to:	AM 9: 2
Carlos Castrej	on
Signature of authorized representative Typed or printed Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	name of signature

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