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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

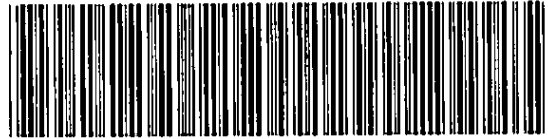
(Business Entity Name)

(Document Number)

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SECRETARY OF THE
TAXATION

Y SULKER
DEC 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UFA 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:

Carlos Gil

Name of Person

Carlos A. Gil PA

Firm/Company

3910 W Flagler Street

Address

Miami, FL 33134

City/State and Zip Code

CARLOS@CARLOSAGILPA.COM

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

For further information concerning this matter, please call:

Carlos Gil at (305) 443-2525

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:

FIRST: The name of the limited liability company is: UFA LLC

SECOND: The Florida Document Number of the limited liability company is: L19000270273

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

987 SW 37 Ave

Apt 1215

Miami, FL 33035

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

987 SW 37 Ave

Apt 1215

Miami, FL 33035

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: Luis Ariel Capozucca

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: Luis Ariel Capozucca

b. No authority granted to: _____



Signature of authorized representative

Ulises Mauro Bueno

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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