

L19000272964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

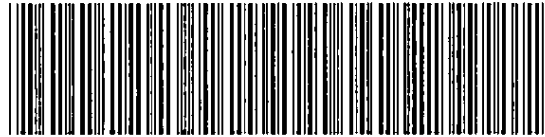
(Document Number)

Certified Copies _____

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19 NOV 14 10 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 NOV 14 AM 12:10

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K. SALY

NOV 15 2019

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
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WALK IN

PICK UP: 11//2019

☐ **CERTIFIED COPY**

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STATEMENT OF AUTHORITY

1. **DORAL AZUL LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

*File 2nd
(Add Filing#)*

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DORAL AZUL 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:

EUGENIO DUARTE, ESQ.

Name of Person

DUARTE LAW FIRM

Firm/Company

999 PONCE DE LEON BLVD., STE 735

Address

CORAL GABLES, FL 33134

City/State and Zip Code

Eugenio@theduartelawfirm.com

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

For further information concerning this matter, please call:

EUGENIO DUARTE at 305 444-1958
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: DORAL AZUL LLC

SECOND: The Florida Document Number of the limited liability company is: L19000272964

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

999 PONCE DE LEON BLVD., STE 735

CORAL GABLES, FL 33134

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

999 PONCE DE LEON BLVD., STE 735

CORAL GABLES, FL 33134

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: EUGENIO DUARTE

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: EUGENIO DUARTE

b. No authority granted to: _____

Signature of authorized representative

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA