

L19000272964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

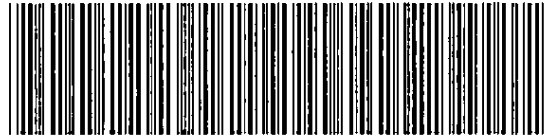
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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19 NOV 14 10 3 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
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 11//2019

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** 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

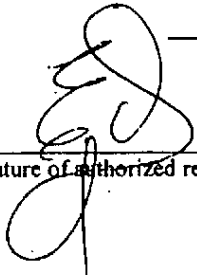
THIRD: The street address of the limited liability company's principal office is:
999 PONCE DE LEON BLVD., STE 735
CORAL GABLES, FL 33134

The mailing address of the limited liability company's principal office is:
999 PONCE DE LEON BLVD., STE 735
CORAL GABLES, FL 33134

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TALLAHASSEE, FLORIDA

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)