

120 000068834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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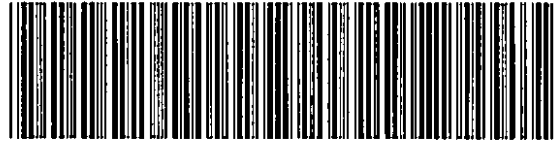
(Business Entity Name)

(Document Number)

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APR 16 2020

S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOS ASTURIANOS LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam,

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIE G COHEN

\_\_\_\_\_  
Name of Person

STROCK & COHEN ZIPPER LAW GROUP PA

\_\_\_\_\_  
Firm/Company

2900 GLADES CIR STE 750

\_\_\_\_\_  
Address

WESTON, FL 33327

\_\_\_\_\_  
City/State and Zip Code

JCOHEN@STROCKLAW.COM

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

For further information concerning this matter, please call:

JULIE G COHEN

954

659-2220

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: LOS ASTURIANOS LLC

SECOND: The Florida Document Number of the limited liability company is: L20000068834

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

3301 NE 183RD STREET # 2903

AVENTURA, FL 33180

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

C/O HOMERICH

1565 N PARK DRIVE STE 100

WESTON, FL 33326

STATEMENT OF AUTHORITY  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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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: JOSE ANTONIO PENA PUIG

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: JOSE ANTONIO PENA PUIG

b. No authority granted to: \_\_\_\_\_

Signature of authorized representative

JOSE ANTONIO PENA PUIG

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)