

L2000000716923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

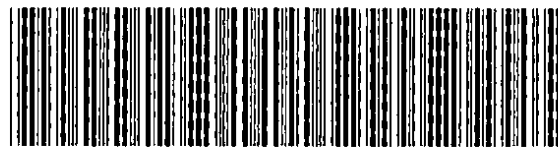
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

AUG 28 2023

Office Use Only



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08/10/23--01023--004 ♦♦55.00

AUG 10 AM 12:35
FILED IN STATE
TALLAHASSEE, FLORIDA

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: 1311 INVESTMENTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L20000076923

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

3105 NW 107 AVENUE

SUITE 602A

DORAL FL 33172

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

3105 NW 107 AVENUE

SUITE 602A

DORAL FL 33172

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.

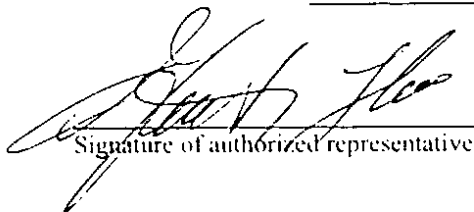
a. Granted to: LEONARDO INNOCENTI

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: LEONARDO INNOCENTI

b. No authority granted to: _____



Signature of authorized representative

SILVIO INNOCENTI

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

23 AUG 10 AM 12:40

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1311 INVESTMENTS 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:

ALEXANDER G. CUBAS

Name of Person

ALEXANDER G. CUBAS, P.A.

Firm/Company

3105 NW 107 AVENUE STE 602A

Address

DORAL, FL 33172

City/State and Zip Code

ACUBAS@CUBASLAW.COM

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

For further information concerning this matter, please call:

ALEXANDER G. CUBAS

Name of Person

305

at ()

Area Code

595-6337

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