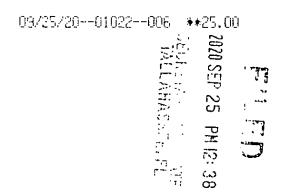
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D. BRUCE NOV 01 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Via Rosa 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:
Patricia Zammataro Name of Person VIA ROSA, LLC Firm/Company
Address Address
Delra Peach, FL 33433 City/Slate and Zip Code + Z A mm D Concert Net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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

Name of Per

Street Address:

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

Daytime Telephone Number

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: VIO KOSO, L.C.	
SECOND: The Florida Document Number of the limited liability company is: L 2000 164938	
THIRD: The street address of the limited liability company's principal office is: 2584 Devon Coort Delay Broch, FL 32445	
The mailing address of the limited liability company's principal office is: 2584 Devon Court Delray Peach, FL 33445	
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. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	Ρŋ
a. Granted to: <u>PATRICIA CAMMATARO</u> b. No authority granted to: <u>Royald ZazziRa</u> Christine ZazziRa	9
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: PATYICIA ZAMMA TAYO	
b. No authority granted to: RONALD COZZIRO Christine Zazzira Patricia Zammatur	1
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	,