

L2C 000 208245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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09/28/20--01004--010 **25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Caribe Vegan

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:

Melissa Guzman

Name of Person

The Caribe Vegan

Firm/Company

1598 NE 170th st

Address

north miami beach, fl 33162

City/State and Zip Code

thecaribevegan@gmail.com

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

For further information concerning this matter, please call:

Melissa Guzman

305

721-7575

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

CR2E138 (2/14)

Add Melissa Guzman
As authorized Agent

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: The Caribe Vegan

SECOND: The Florida Document Number of the limited liability company is: L20000208245

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

3100 NW 7th ave Miami, fl 33127

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

1598 NE 170th st North Miami Beach, FL 33162

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: Melissa Guzman


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: Melissa Guzman

b. No authority granted to: _____

2020 FEB 6:31



Signature of authorized representative

Melissa Guzman

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)