

L20000224497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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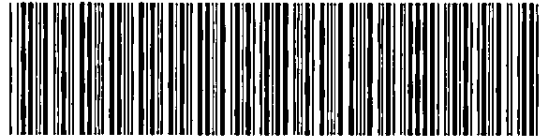
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **LUCAS SANTIAGO, LLC**  
*Name of Limited Liability Company*

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

**PEDRO I. PERRIER**  
*Name of Manager*

**LUCAS SANTIAGO, LLC**  
*Name of Company*

**7098 BONITA DRIVE**  
*Address of Company*

**MIAMI BEACH, FLORIDA 33141**  
*City/State and Zip Code*

**pedroperrier14@gmail.com**  
*E-Mail Address of Manager*

For further information concerning this matter, please call:

Katrina Rydzenski at (941) 627-1000

**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 32311

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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This Instrument Prepared by & Return to:  
John L. Wideikis  
Wideikis, Benedict & Berntsson, LLC  
THE BIG W LAW FIRM  
3195 S. Access Road  
Englewood, FL 34224

CERTIFIED TO BE A TRUE &  
EXACT COPY OF ORIGINAL

*[Signature]*

## STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 9th day of December, 2024, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

- FIRST:** The name of the limited liability company is: **LUCAS SANTIAGO, LLC**
- SECOND:** The Florida Document Number of the limited liability company is: **L20000224497**
- THIRD:** The street address of the limited liability company's principal office is: **7098 BONITA DRIVE, MIAMI BEACH, FLORIDA 33141**

The mailing address of the limited liability company's principal office is:  
**7098 BONITA DRIVE, MIAMI BEACH, FLORIDA 33141**

**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 matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.

- a. Granted to **PEDRO I. PERRIER**, as Manager, whom may act unilaterally on behalf of and bind the company without the joinder of any other.
- b. No authority granted to:

2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company without the joinder of any other in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.

- a. Granted to: **PEDRO I. PERRIER**, as Manager, whom may act unilaterally on behalf of and bind the company without the joinder of any other.
- b. No authority granted to: \_\_\_\_\_

The undersigned does hereby certify the accuracy of the statements set forth herein.

Pedro I Perrier

Signature of authorized representative

PEDRO I. PERRIER, Manager

Printed name and position title

State of Virginia County of Chesterfield

The foregoing instrument was acknowledged before me by means of \_\_\_ physical presence or X online notarization, this 9th day of December, 2024, by **PEDRO I. PERRIER**, who is personally known to me, or who has provided Driver's License, to establish their identity to me.

VERONICA Y MANNING-MCNEIL

Electronic Notary Public

Commonwealth of Virginia

Registration No. 339555

My Commission Expires Feb 29, 2028

Veronica Y Manning-McNeil

Print Name: Veronica Y Manning-McNeil

Notary Public

My commission expires: 2/29/2028

[SEAL]

Completed via Remote Online Notarization using 2 way Audio/Video technology.

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