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D. BRUCE OCT 1 4 2020 TO: Registration Section Division of Corporations

34473 HOLDINGS, LLC.

SUBJECT:

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:

ALEJANDRO I. VELEZ

Name of Person

34473 HOLDINGS, LLC.

Firm/Company 14 NE IST AVENUE, SUITE \$15

Address

MIAMI, FLORIDA 33132

City/State and Zip Code

ALEX@INMOGRP.COM

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

For further information concerning this matter, please call:

ALEJANDRO I. VELEZ

466-6477 EXT 707

Name of Person

Area Code

877

at (

Daytime Telephone Number

EP-4 AN 7:

<u>Mailing Address:</u> 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)

STATEMENT OF AUTHORITY	STA	TEM	IENT	OF	ΑŬ	THC	RITY	ŕ
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Pursuant to section 605.0302(1). Florida Statutes, this limited liability company submits the following statement of authority:

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34473 HOLDINGS, LLC. FIRST: The name of the limited liability company is:

. .

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SECON	1.20000252749 D: The Florida Document Number of the limited liability company is:			
	The street address of the limited liability company's principal office is: 14 NE 1ST AVENUE, SUITE 815 MIAMI, FLORIDA 33132			
	The mailing address of the limited liability company's principal office is: 14 NE IST AVENUE, SUITE \$15 MIAMI, FLORIDA 33132			
position o	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise of the following:	the status or or to a specific		
-	<ol> <li>May execute an instrument transferring real property held in the name of the company</li> </ol>	·.	2	
	ALEJANDRO I. VELEZ a. Granted to:	TAL	2020 SEP -1	<u> </u>
	b. No authority granted to:		2P -4 NH 7: 23	، هر بر بر بر بر بر بر بر بر بر بر بر بر بر بر بر بر بر بر بر بر بر ب
	<ol> <li>May enter into other transactions on behalf of, or otherwise act for or bind, the compa ALEJANDRO I. VELEZ</li> <li>a. Granted to :</li> </ol>	Iny.	23	
	b. No authority granted to:			
	ALEJANDRO I. VELEZ			
Signature	of authorized representative Typed or printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature		