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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

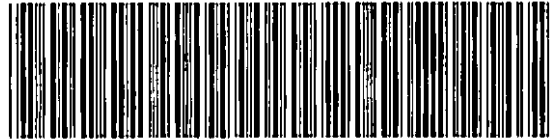
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

*Statement  
of  
Authority*

MAY 28 2021

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 6487 Oraida Apartments, 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:

Aida Maria Mendez Rigueiro  
Name of Person

6487 Oraida Apartments, LLC  
Firm/Company

5801 SW 94th Avenue  
Address

Pinecrest, FL 33156  
City/State and Zip Code

aidarigueiro@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lourdes B. Rivera, Esq. at ( 786 ) 251-0358  
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

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 TALLAHASSEE, FL  
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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: 6487 Oraidia Apartments, LLC

SECOND: The Florida Document Number of the limited liability company is: L20000374720

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

5801 SW 94th Avenue

Pinecrest, FL 33156

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

5801 SW 94th Avenue

Pinecrest, FL 33156

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: Aida Maria Mendez Rigueiro and/or Aida Mendez

b. No authority granted to: Orlando A. Mendez, Jr.

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

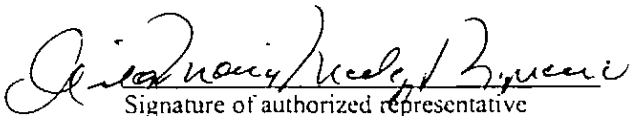
a. Granted to: Aida Maria Mendez Rigueiro and/or Aida Mendez

b. No authority granted to: Orlando A. Mendez, Jr.

SECRETARY OF STATE  
TALLAHASSEE, FL

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Signature of authorized representative

Aida Maria Mendez Rigueiro  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)