

L20 000 391950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

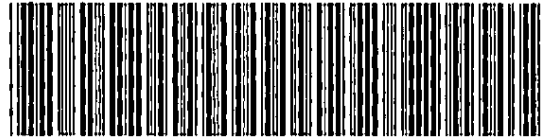
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CIFAMA 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:

JULIE G COHEN

\_\_\_\_\_  
Name of Person

STROCK & COHEN ZIPPER LAW GROUP PA

\_\_\_\_\_  
Firm/Company

2900 GLADES CIRCLE STE 750

\_\_\_\_\_  
Address

WESTON, FL 33327

\_\_\_\_\_  
City/State and Zip Code

JCOHEN@STROCKLAW.COM

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

For further information concerning this matter, please call:

JULIE G COHEN

954

659-2220

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

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: CIFAMA LLC

SECOND: The Florida Document Number of the limited liability company is: L20000391950

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

1565 N PARK DR., SUITE 100

WESTON, FL 33326

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

1565 N PARK DR., SUITE 100

WESTON, FL 33326

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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: BYRON ALBERTO CIFUENTES ALVEAR or

MARIA FRANCISCA CIFUENTES AMADOR

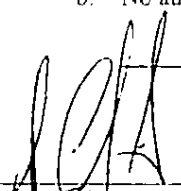
b. No authority granted to: \_\_\_\_\_

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

a. Granted to: BYRON ALBERTO CIFUENTES ALVEAR or

MARIA FRANCISCA CIFUENTES AMADOR

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

BYRON ALBERTO CIFUENTES ALVEAR

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)