

L21000002677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

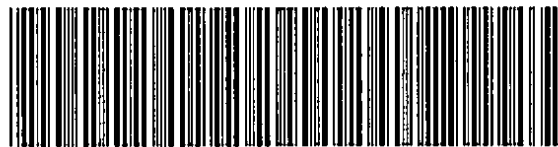
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500368335935

RECEIVED

JUN 28 2021

06/29/21--01025--001 **125.00

FILED

2021 JUN 28 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI FEVER 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:

Todd A. Sims

Name of Person

MIAMI FEVER LLC

Firm/Company

8100 SW 60 Ave

Address

South Miami FL 33143

City/State and Zip Code

toddallensims@icloud.com

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

For further information concerning this matter, please call:

Todd A. Sims

305

458-8826

Name of Person

at ()

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: MIAMI FEVER LLC

SECOND: The Florida Document Number of the limited liability company is: L21000002677

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

8100 SW 60 Ave

South Miami FL 33143

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

8100 SW 60 Ave

South Miami FL 33143

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:

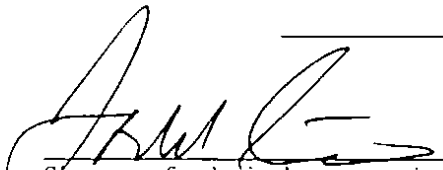
a. Granted to: CONSTANZA AMADO

b. No authority granted to: N/A

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

a. Granted to: CONSTANZA AMADO

b. No authority granted to: N/A


Signature of authorized representative

TODD A. SIMS

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN 28 AM 11:47

FILED