## 121000093066

(Re	equestor's Name)			
(Ad	ldress)	_		
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(Ĉi	ty/State/Zip/Phone	e #)		
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(Bu	isiness Entity Nan	ne)		
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## COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	JPLAV BUSINESS, LLC			
SOMMET.		Limited Liability Corr	ipany	
Dear Sir or	Madam:			
The enclose	ed Statement of Authority and fee(s) a	are submitted for filing.		
Please retur	n all correspondence concerning this	matter to the following	;;	
PEDRO P.	SAEZ			
	Name of Person			
SAEZ & A	SSOCIATES			
	Firm/Company			
777 BRICK	ELL AVE. SUITE 1110			
=	Address			
MIAMI, FI.	. 33131			
	City/State and Zip Code			
psaez@saez	daw.com			
E-r	mail address: (to be used for future an	mual report notification	1)	
For further i	nformation concerning this matter, pl	ease call:		1201 AFR 20
MARIA AL	EXANDRA SAYAGO	305 at (	358-0028	10000000000000000000000000000000000000
•	Name of Person	Area Code	Daytime Telepho	one 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

authority		
FIRST:	The name of the limited liability company is:     JPLAV BUSINESS, LLC	
SECON	D: The Florida Document Number of the limited liability company is: L21000093066	
THIRD:	The street address of the limited liability company's principal office is: 777 BRICKELL AVE	
	SUITE 1110	
	MIAMI, FL 33131	
	The mailing address of the limited liability company's principal office is: 777 BRICKELL AVE	
	SUITE 1110	
	MIAMI, FL 33131	
person or	of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific the following:  1. May execute an instrument transferring real property held in the name of the company.  a. Granted to:  LINA ROSSANA JACOME GALLEGOS	; )
	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: LINA ROSSANA JACOME GALLEGOS	
	b. No authority granted to: N/A	
Hun	Terrisficome) Ana Valeria Jaione Gallegas	
Signature	of authorized representative  Any Valence Gallegas  Typed or printed name of signature  Filing Fee: \$25.00	

Certified Copy: \$30.00 (optional)

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