L21000100577

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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2021 DEC 20 PH 1: 2

COVER LETTER

Registration Section TO: Division of Corporations

CUDACCT.	Palma Alta Investments LLC		
SUBJECT:	Name o	of Limited Liability Con	npany
Dear Sir or l	Madam:		
The enclosed	d Statement of Authority and fee(s)	are submitted for filing	
Please return	all correspondence concerning this	s matter to the following	3:
Cesar Monta	às		
	Name of Person		-
Palma Alta	Investments LLC		
	Firm/Company		-
915 Innovat	ion Way, #300		
	Address		-
Altamonte S	Springs, Fl 32714		
	City/State and Zip Code		-
palmaaltain	v@gmail.com		
E-1	mail address: (to be used for future	annual report notification	on)
For further i	nformation concerning this matter,	please call:	
Cesar Monta	as	407 at (243-8115
	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 limited liability company is:	Palma Alta Investments LLC	
SECON	D: The Flor	da Document Number of the lim	ited liability company is: 1.21000100577	
THIRD		ddress of the limited liability cor on Way, #300, Altamonte Spring	• • •	
		g address of the limited liability ion Way, #300, Altamonte Spring		
position	of a person in on the followi	ement of authority grants or sets a company, whether as a memb	limitations of authority on all persons havi ber, transferee, manager, officer or otherwise real property held in the name of the compa	se or to a specific
	a.	Granted to: Mary Carolyn Mille	r	2021 DEC 20
	b.	No authority granted to:		— PH :
	2. May er a.	ter into other transactions on beh Granted to: Mary Carolyn Mil	nalf of, or otherwise act for or bind, the cor	mpany.
	b.	No authority granted to:		
	1651)		Cesar Montas	
Signatur	re of authoriz	ed representative Filing Fo	Typed or printed name see: \$25.00 (optional)	e of signature