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COVER LETTER . . .

	Registration Section Division of Corporations		1
SUBJEC	OLGA DE LA HOZ HOMES LLC		
SUBJEC	Name of Limited	Liability Con	npany
Dear Sir c	or Madam;		
The enclo	sed Statement of Authority and fee(s) are submi	itted for filing	
Please ret	urn all correspondence concerning this matter to	the following	g:
CHRISIA	AN J. PESTANA		
	Name of Person		-
OLGA D	E LA HOZ HOMES LLC		
	Firm/Company		-
215 W. P	anama road		
	Address		_
WINTER	R SPRINGS, FL 32708		
	City/State and Zip Code		-
akoyainfe	o@gmail.com		
	E-mail address: (to be used for future annual rep	ort notificatio	en)
For furthe	er information concerning this matter, please call	l:	
Alan San	dleraı	407	622-6300
	Name of Person	Area Code	Daytime Telephone Number
i	Mailing Address:		Street Address:
_	Registration Section		Registration Section
	and the second of the second o		man and a second a

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

authority:	ne name of the limited liability company is:	
SECONI	The Florida Document Number of the limited liability company is: L21000167385	
	the street address of the limited liability company's principal office is: 5 W. PANAMA ROAD	
	INTER SPRINGS, FL 32708	ب س
-	The mailing address of the limited liability company's principal office is:	2021 OCT 13
-	INTER PARK, FL 32789	PH 3:
position o person on	This statement of authority grants or sets limitations of authority on all persons having to person in a company, whether as a member, transferee, manager, officer or otherwise one following: May execute an instrument transferring real property held in the name of the company. CHRISTIAN PESTANA AND/OR ORLANDO SALOM a. Granted to:	r to a specific
	EACH HAVING AUTHORITY INDIVIDUALLY.	
	b. No authority granted to:	
2	May enter into other transactions on behalf of, or otherwise act for or bind, the compara. Granted to: EACH HAVING AUTHORITY INDIVIDUALLY.	ny.
	b. No authority granted to:	
	CHRISTIAN PESTANA	
Signature	fauthorized representative Typed or printed name of: Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature

CR2E138 (2/14)