

L21 000 314 044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

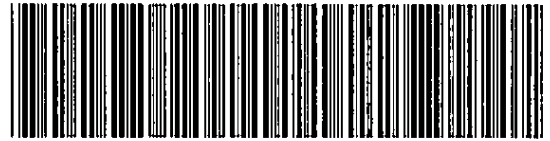
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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Melissa Lopes 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:

Melissa Lopes

Name of Person

Melissa Lopes LLC

Firm/Company

11007 Blaine Top Place

Address

Tampa, FL 33626

City/State and Zip Code

teamlopesmelissa@gmail.com

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

For further information concerning this matter, please call:

Melissa Lopes

352 238-5033
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: Melissa Lopes LLC

SECOND: The Florida Document Number of the limited liability company is: L21000314044

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

11007 Blaine Top Place Tampa, FL 33626

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

11007 Blaine Top Place Tampa, FL 33626

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: Melissa Claudia Tudela Lopes

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: Melissa Claudia Tudela Lopes

b. No authority granted to: _____


Signature of authorized representative

Melissa Lopes

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
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SEC. OF STATE
TALLAHASSEE, FL