

L21000347054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

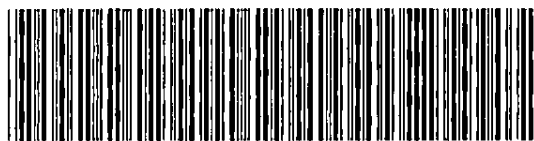
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IDOMENEO, 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:

MARTHA MENDEZ
Name of Person

FEINSTEIN & MENDEZ PA
Firm/Company

2600 S DOUGLAS ROAD, SUITE 506
Address

CORAL GABLES FL 33134
City/State and Zip Code

MARTHA@TITLETEAM.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTHA MENDEZ at (786) 6368938
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: DOMENEO, LLC

SECOND: The Florida Document Number of the limited liability company is: L21000347054

THIRD: The street address of the limited liability company's principal office is:
12905 SW 42 ST SUITE 210
MIAMI, FL 33175

The mailing address of the limited liability company's principal office is:
12905 SW 42 ST SUITE 210
MIAMI, FL 33175

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: DANTE EDUARDO ASTETE VILLENA
 - 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: DANTE EDUARDO ASTETE VILLENA
 - b. No authority granted to: _____

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TELEPHONE: 305-375-3000

EA
Signature of authorized representative


Dante Eduardo Astete Villena
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

Title	Statement of Authority.pdf
File name	Statement%20of%20Authority.pdf
Document ID	a9aa6b92e05c8194be464b3ee35d4bf4f4aadb4
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