

L21 000349425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

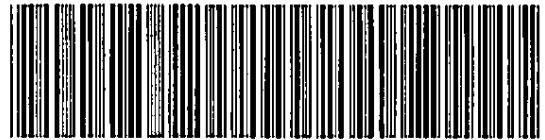
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perez Multimodal Group, L.L.C.

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:

Arturo J. Perez

Name of Person

Perez Multimodal Group, L.L.C.

Firm/Company

2253 Chantilly Terrace

Address

Oviedo/Florida/32765

City/State and Zip Code

Arturo.Perez@PMG-FL.net

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

For further information concerning this matter, please call:

Arturo J. Perez

Name of Person

407

at (_____) _____

Area Code

222-3918

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: Perez Multimodal Group, LLC

SECOND: The Florida Document Number of the limited liability company is: 1.21000348425

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

2253 Chantilly Terrace

Oviedo, FL

32765

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

same

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.

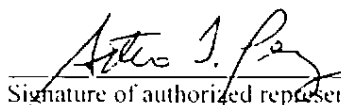
a. Granted to: Arturo J. Perez

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: Arturo J. Perez

b. No authority granted to: _____


Signature of authorized representative

Arturo J. Perez

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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