121000376573

(Re	questor's Name)				
(Ad	dress)				
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(Cit	ry/State/Zip/Phone	e #)			
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COVER LETTER

	vision of Corporations		**************************************
	ARCO CUSTOM WOOD FINISHING	LLC	
SUBJECT:		ited Liability Compa	any
Dear Sir or I	Madam:		
The enclosed	d Statement of Authority and fec(s) are su	abmitted for filing.	
Please return	n all correspondence concerning this matt	er to the following:	
ORESTES 1	VERDURA		
	Name of Person		
ARCO CUS	STOM WOOD FINISHING LLC		
	Firm/Company		
2877 SW 13	60 TERR		
	Address		
MIRAMAR	C FL 33027		
	City/State and Zip Code		
OVERDUR	A@ARCOCF.COM		
E-1	mail address: (to be used for future annua	I report notification)	<u> </u>
For further i	information concerning this matter, please	e call:	
ORESTES '	VERDURA	954 at ()	477-2781
	Name of Person	Area Code	Daytime Telephone Number
<u>M</u> :	ailing Address:	S	treet Address:

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	:		mited liability company submits the following	statement of
FIRST:	The name o	f the limited liability company is:	ARCO CUSTOM WOOD FINISHING LLC	
SECONI	D: The Flor	ida Document Number of the limit	ed liability company is:L21000376573	
THIRD:	The street	address of the limited liability com TOM WOOD FINISHING LLC		
	2877 SW 13	0 TERR		
	MIRAMAR	FL 33027		
		ng address of the limited liability co	ompany's principal office is:	1- (30 Hay
	2877 SW 13	0 TERR		, =
	MIRAMAR	FL 33027		
position of person of	of a person in the followi	n a company, whether as a member ng: ecute an instrument transferring re-	mitations of authority on all persons having the r, transferee, manager, officer or otherwise or the property held in the name of the company.	
	b.	No authority granted to:		
	2. May er a.		If of, or otherwise act for or bind, the company JRA	·
	b.	No authority granted to:		
_0			ORESTES VERDURA	
Signature	e of authoriz	ed representative	Typed or printed name of sign	gnature

Filing Fee:

Typed or printed name of signature \$25.00

Certified Copy: \$30.00 (optional)