

121 000 376 573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

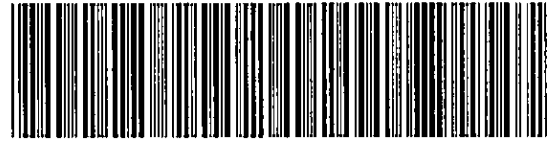
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARCO CUSTOM WOOD FINISHING LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ORESTES VERDURA

Name of Person

ARCO CUSTOM WOOD FINISHING LLC

Firm/Company

2877 SW 130 TERR

Address

MIRAMAR FL 33027

City/State and Zip Code

OVERDURA@ARCOCF.COM

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

For further information concerning this matter, please call:

ORESTES VERDURA at ( 954 ) 477-2781  
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: ARCO CUSTOM WOOD FINISHING LLC

SECOND: The Florida Document Number of the limited liability company is: L21000376573

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

ARCO CUSTOM WOOD FINISHING LLC

2877 SW 130 TERR

MIRAMAR FL 33027

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

ARCO CUSTOM WOOD FINISHING LLC

2877 SW 130 TERR

MIRAMAR FL 33027

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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: ORESTES VERDURA  
MEMBER

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: ORESTES VERDURA  
MEMBER

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

ORESTES VERDURA  
Typed or printed name of signature

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