

121 000 422 726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

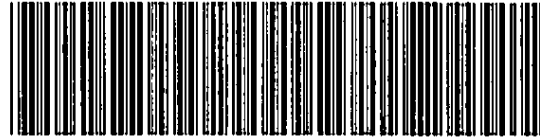
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

C. BRUMBLEY

FEB 25 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUL PROPERTIES 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:

MONICA QUINTANA

Name of Person

SOUL PROPERTIES LLC

Firm/Company

1492 SW 47 AVENUE

Address

FORT LAUDERDALE, FL 33317

City/State and Zip Code

M.REALTOR@HOTMAIL.COM

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

For further information concerning this matter, please call:

MONICA QUINTANA

954

591-3420

Name of Person

at (_____) _____
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: SOUL PROPERTIES LLC

SECOND: The Florida Document Number of the limited liability company is: L21000422726

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

1492 SW 47 AVENUE

FORT LAUDERDALE, FL 33317

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

1492 SW 47 AVENUE

FORT LAUDERDALE, FL 33317

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: MONICA QUINTANA

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 : MONICA QUINTANA

b. No authority granted to: _____

Signature of authorized representative

Angelica Maria Franco Barzon / Monica Quintana
Typed or printed name of signature

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