L21000526511

(Pa	equestor's Name)	
(Ne	equestors (varie)	
(Ac	ldress)	
(Ac	ldress)	
() -	,	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	siness Entity Name)	
(DC	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
	_	
Special Instructions to	Filing Officer:	
	J DENNIS	
	6 . 2022	
	JUL 3 1 2023	

Office Use Only



000408354720

06/02/23--81013--808 **55.88

STARY OF STATE CORPORATION ON JUN -2 PM 2: 24

COVER LETTER

TO:		stration Section ion of Corporations			
SUBJE	ect.	Osobol Realty, LLC			
SUDAR	ect	Name of	Limited L	iability Com	pany
Dear S	ir or Ma	adam:			
The en	closed S	Statement of Authority and fee(s) a	re submitt	ted for filing.	
Please	return a	ill correspondence concerning this r	matter to t	the following	:
	Davic	I Hernandez, C.P.A.			
		Name of Person			
	Davi	d Hernandez, C.P.A, P.A			
		Firm/Company		<u>-</u>	
	770 :	South Dixie Hwy, Suite 113			
		Address			
	Cora	il Gables, FL 33146			
		City/State and Zip Code			
	Dav	rid@Dhernandezcpa.com			
	E-ma	il address: (to be used for future an	nual repo	rt notification	n)
For fur	ther inf	ormation concerning this matter, ple	ease call:		
	Dav	vid Hernandez, C.P.A.	at (982-8069
		Name of Person		Area Code	Daytime Telephone Number
	Mosi	ling Addraws			Street Address:
	Regi	ling Address: stration Section		:	Street Address: Registration Section
	_	sion of Corporations			Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E138 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

and the same and the same of

STATEMENT OF AUTHORITY

Pursuant authority	to section 605.0302(1), Florida Statutes, this limited liabit:	lity company submits the following stateme.	nt of
FIRST:	The name of the limited liability company is: Osobol I	Realty, LLC	
SECON	D: The Florida Document Number of the limited liability	company is:	
THIRD:	The street address of the limited liability company's prin 8535 Ponce De Leon Rd	ncipal office is:	
	Coral Gables, FL 33143		
	The mailing address of the limited liability company's § 8535 Ponce De Leon Rd	orincipal office is:	71
	Coral Gables, FL 33143	2.24	
	n the following: 1. May execute an instrument transferring real property a. Granted to: Edmundo Javier Hoz de Vila Juan Pablo Zegarra	held in the name of the company.	
	b. No authority granted to:	<u>.</u>	
	May enter into other transactions on behalf of, or oth a. Granted to: Edmundo Javier Hoz de Vila Juan Pablo Zegarra	nerwise act for or bind, the company.	
	b. No authority granted to:		
X	Cutz In	Carlos Hoz de Vila	
Signature	e of authorized representative Filing Fee: \$25 Certified Copy: \$30		_