

h22000073214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

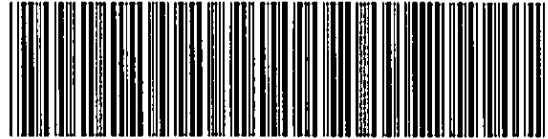
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

4/7/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERSIONES SALAMOR 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:

JULIE COHEN

Name of Person

STROCK & COHEN ZIPPER LAW GROUP PA

Firm/Company

2900 GLADES CIR STE 750

Address

WESTON, FL 33327

City/State and Zip Code

JCOHEN@STROCKLAW.COM

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

For further information concerning this matter, please call:

JULIE COHEN

954 659-2220
at ()

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: INVERSIONES SALAMOR LLC

SECOND: The Florida Document Number of the limited liability company is: L22000073214

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

1565 N PARK DR STE 100

WESTON, FL 33327

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

1565 N PARK DR STE 100

WESTON, FL 33327

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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.

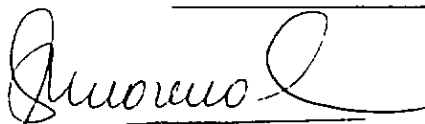
a. Granted to: CLAUDIO E SALAS GUERRERO or
FLORENCIA B MORENO SILVA, either acting individually

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: CLAUDIO E SALAS GUERRERO or
FLORENCIA B MORENO SILVA, either acting individually

b. No authority granted to: N/A



Signature of authorized representative

FLORENCIA B MORENO SILVA

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)