## 422000326123

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## COVER LETTER

ГO:	Registration Section Division of Corporation	ens		•
	, .			
UBJE	T. LMSCOL, LLC			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limi	ted Liability Comp	pany
ear Sir	or Madam:			
ne encl	osed Statement of Auth	cority and fee(s) are sul	omitted for filing.	
ease re	eturn all correspondence	e concerning this matte	τ to the following:	
eopold	lo Montejo			
	Name	of Person		
-	Firm/C	Сопрапу		
157 N	W 167 St Ste F 21			
	Addı	ress		
fiami I	F1 33015			
	City/State and	l Zip Code		
:omon	tejo@gmail.com			
	E-mail address: (to be	used for future annual	report notification	)
or furth	er information concern	ing this matter, please	call:	
indres :	Montejo		305	817 3677
	Name of Pers		Area Code	Daytime Telephone Numbe

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

Pursuant to section 605.0302(1), Florida Statutes, this limited authority:	liability company submits the following statement of
FIRST: The name of the limited liability company is:	COL, LLC
SECOND: The Florida Document Number of the limited liab	pility company is:
THIRD: The street address of the limited liability company's 6157 NW 167 St F 21	s principal office is:
Hialeah Fl 33015	AUG-8 PP
The mailing address of the limited liability compan-	
Hialeah Fl 33015	
person on the following:  1. May execute an instrument transferring real prop  a. Granted to: Andres Montejo	perty held in the name of the company.
b. No authority granted to:	
May enter into other transactions on behalf of, o     a. Granted to:	n otherwise act for or bind, the company.
b. No authority granted to:	
(Alex	Leopoldo Montejo
Signature of authorized representative Filing Fee: Certified Copy:	Typed or printed name of signature \$25.00 \$30.00 (optional)