

L22000408292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

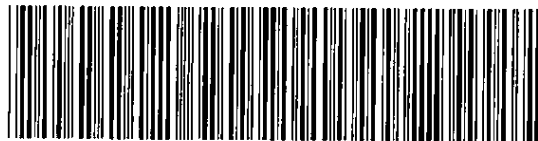
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANNA PRATA ACCESSORIES USA 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:

Ahpaly Coradin, Esq.

\_\_\_\_\_  
Name of Person

Pierson Ferdinand LLP

\_\_\_\_\_  
Firm/Company

333 SE 2nd Ave # 2000

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code

ahpaly.coradin@pierferd.com

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

For further information concerning this matter, please call:

Ahpaly Coradin

754

900-5003

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: ANNA PRATA ACCESSORIES USA LLC

**SECOND:** The Florida Document Number of the limited liability company is: 1.22000408292

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

6710 W 24th Court # 104

Hialeah, FL 33016

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

6710 W 24th Court # 104

Hialeah, FL 33016

**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: \_\_\_\_\_

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: Regiane Ceballos Goncalves, Director of Sales

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

  
\_\_\_\_\_  
Marcos Antonio Prata Filho, Director of Sales

Signature of authorized representative

MARCOS ANTONIO PRATA FILHO

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**