

L22000 523657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

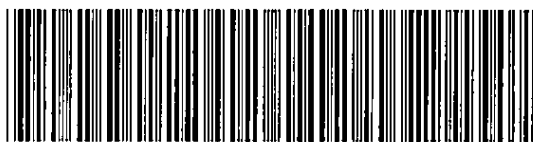
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMIDEPTO 03, 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:

YANINA MICULITZKI, ESQ

Name of Person

YANINA MICULITZKI, P.A.

Firm/Company

2999 N.E. 191 ST, SUITE 403

Address

AVENTURA, FL, 33180

City/State and Zip Code

YANINA@MICULITZKILAW.COM

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

For further information concerning this matter, please call:

YANINA MICULITZKI

Name of Person

786

at (_____) _____

Area Code

3615567

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: MIAMIDEPTO 03, LLC

SECOND: The Florida Document Number of the limited liability company is: L22000523657

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

2999 N.E. 191 ST, SUITE 403, AVENTURA FL 33180

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

2999 N.E. 191 ST, SUITE 403, AVENTURA, FL 33180

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: ANDRES NITTI, AS MANAGER

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

a. Granted to: _____

b. No authority granted to: _____



Signature of authorized representative

LEONARDO RUIZ DIAZ

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)