

L22000 523657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

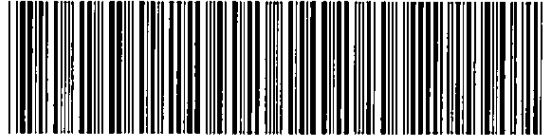
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STATE OF CALIFORNIA  
2023 FEB 28 PM 12:00

**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

786

3615567

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: 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.

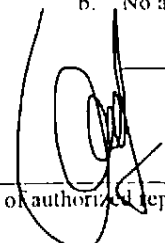
a. Granted to: \_\_\_\_\_

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)