

L23000143286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

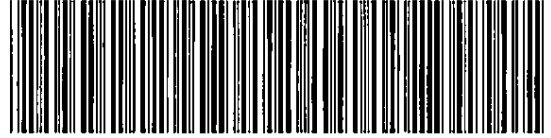
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BRIALGI GROUP 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:

MAURO BARTRA CENZANO

Name of Person

BRIALGI GROUP LLC

Firm/Company

14036 SW 90 AVE. AA201

Address

MIAMI, FL 33176

City/State and Zip Code

CAROLA_BARTRA@HOTMAIL.COM

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

For further information concerning this matter, please call:

MAURO BARTRA CENZANO

Name of Person

786

Area Code

897-8518

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: BRIALGI GROUP LLC

SECOND: The Florida Document Number of the limited liability company is: L23000143286

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

14036 SW 90 AVE. AA201
MIAMI, FL 33176

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

14036 SW 90 AVE. AA201
MIAMI, FL 33176

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: CAROLA BARTRA CENZANO

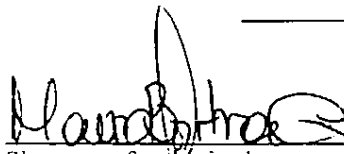
b. No authority granted to: _____

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

a. Granted to: CAROLA BARTRA CENZANO

b. No authority granted to: _____

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Signature of authorized representative

MAURO BARTRA CENZANO
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)