L23000361772

(Requestor's Name)				
(Address)				
(Address)				
(1.001033)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:		istration Section sion of Corporations			,	
SUBJI	ECT:	U&R Societa, LLC, a Florida Limited L	iability Comp	pany		
001771		Name of Limited Liability Company				
Dear S	ir or N	1adam:				
The cn	closed	Statement of Authority and fee(s) are sul	omitted for fi	ling.		
Please	return	all correspondence concerning this matte	r to the follow	wing:		
Cyndi	Collin	s				
		Name of Person				
Fidelit	y Nati	onal Title of Florida, Inc.				
		Firm/Company				
2310 E	E Robi	nson Street				
		Address				
Orland	lo. FL	32803				
		City/State and Zip Code				
cyndi.	collins	@fnf.com				
	E-n	nail address: (to be used for future annual	report notific	cation)		
For fur	ther in	formation concerning this matter, please	call:			
Uilde	Mara I	Zanicotti	55 at ((+55) 419-9991;		
		Name of Person	Area Co	ode Daytime Telephone 1	Vumber	

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 authority:	y company submits the following statement of					
FIRST: The name of the limited liability company is: U&R Societa, LLC a Florida Limited Liability Company						
SECOND: The Florida Document Number of the limited liability co	ompany is: L23000361772					
THIRD: The street address of the limited liability company's princi 7901 4th street N, Suite #300	ipal office is:					
St Petersburg, FL 33702						
The mailing address of the limited liability company's pri 7901 4th street N, Suite #300	incipal office is:					
St Petersburg, FL 33702						
FOURTH: This statement of authority grants or sets limitations of a position of a person in a company, whether as a member, transferee, person on the following: 1. May execute an instrument transferring real property be a. Granted to: Uilde Mara Zanicotti	manager, officer or otherwise or to a specific eld in the name of the company.					
b. No authority granted to:	HAS T					
May enter into other transactions on behalf of, or other Roberta Oliveira Zanicotti	rwise act for or bind, the company.					
b. No authority granted to:						
Color of authorized representative	Uilde Mara Zanicotti					
Signature of authorized representative Filing Fee: \$25.0 Certified Copy: \$30.0						