# L23000460150

(Requestor	's Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business I	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing O	fficer:
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800 1000 4 01017 610 445 0.00

## COVER LETTER

SUBJECT: Nar	me of Limited Liability C	Company	
Dear Sir or Madam:			
The enclosed Statement of Authority and fe	ec(s) are submitted for file	ing.	
Please return all correspondence concerning	g this matter to the follow	ring:	
Camilo Caroso			
Name of Person			
2365 LLC, a Florida limited liability compa	any		
Firm/Company		<del></del>	
2365 NW 70 Avenue, Unit C10			
Address			
Miami, FL 33122			
City/State and Zip Code			
CamiloCaroso@gmail.com			
E-mail address: (to be used for fut	ture annual report notific:	ation)	
For further information concerning this mat	tter, please call:		
Camilo Caroso	786 at (	6787574	
Name of Person	Area Co	de Daytime Teleph	none Number

Registration Section

TO:

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

uthority:	S Hinted Habitity Company Submits the following statement
RST: The name of the limited liability company is	s: 2365 LLC, a Florida limited liability company
	1.23000460750
ECOND: The Florida Document Number of the lin	mited liability company is:
HIRD: The street address of the limited liability co	
2365 NW 70 Ave, Unit C10, Miami, Fl 331.	22
The mailing address of the limited liability	y company's principal office is:
2365 NW 70 Ave, Unit C10, Miami, F1 331.	22
osition of a person in a company, whether as a memberson on the following:  1. May execute an instrument transferring	is limitations of authority on all persons having the status or other, transferee, manager, officer or otherwise or to a specific great property held in the name of the company.
b. No authority granted to:	<u> </u>
•	ehalf of, or otherwise act for or bind, the company.
b. No authority granted to:	
CIM .	Camilo Caroso
ignature of authorized representative	Typed or printed name of signature
Filing F Certifie	Fee: \$25.00 ed Copy: \$30.00 (optional)