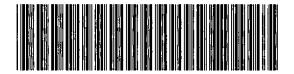
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SECRETARY OF STATE

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COVER LETTER

Div	ision of Corporations		
SUBJECT:	Mawardi, Cortes, & Barr Er	nterprises LLC	
	Name of	Limited Liability Con	npany
Dear Sir or M	Madam:		
The enclosed	d Statement of Authority and fee(s) a	re submitted for filing	
Please return	all correspondence concerning this	matter to the following	3.
	Justin R. Infurna, Esq.		
	Name of Person		-
	Attorney at Law		
	Firm/Company		-
	69 East Pine St.		
	Address		-
(Orlando, FL 32801		
	City/State and Zip Code		-
justini	nfurna@alwaysavailablelaw	yer.com	
E-r	nail address: (to be used for future an	nual report notificatio	n)
For further in	nformation concerning this matter, pl	ease call:	
Justin R.	Infurna	800 at (774-1560
	Name of Person	Area Code	Daytime Telephone Number
Reg Div Clif	REET/COURIER ADDRESS: pistration Section ision of Corporations fron Building 1 Executive Center Circle	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314
	lahassee, Florida 32301		•

TO:

Registration Section

STATEMENT OF AUTHORITY

riksi;	The name of the limited liability company is: Mawardi, Cortes, & Barr Enterpri	ses LLC
SECONE	: The Florida Document Number of the limited liability company is: L1200004728	1
	The street address of the limited liability company's principal office is: 69 East Pine St.	
-	Orlando, FL 32801	
_	The mailing address of the limited liability company's principal office is: 69 East Pine St.	
-	Orlando, FL 32801	
1	May execute an instrument transferring real property held in the name of the company a. Granted to: Angel Cortes, Travis Barr, Keith Mawardi, & Romi Mawardi - deeds, leases, and all other documents	y.
	b. No authority granted to: N.A.	15 J
2	May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Angel Cortes, Travis Barr, Keith Mawardi, & Romi Mawardi - all contracts and all other documents	UL 27 PH 12: 00 RETARY OF STATE AHASSEF, FLORIG
	b. No authority granted to: N.A.	OO TATE ORIDA

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