

L15000127772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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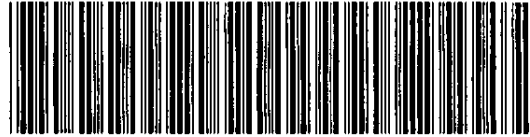
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AG-MIM INVESTMENTS, 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:

LARRY L. ADAIR, ESQUIRE

Name of Person

LARRY L. ADAIR, P. A.

Firm/Company

9715 W. BROWARD BLVD. # 303

Address

PLANTATION, FLORIDA 33324

City/State and Zip Code

larry@lladairlaw.com

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

For further information concerning this matter, please call:

LARRY L. ADAIR, ESQ.

Name of Person

954

at (_____) Area Code

600-3266

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: AG-MIM INVESTMENTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000127772

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

17555 COLLINS AVENUE

APARTMENT NUMBER 308

SUNNY ISLES BEACH, FLORIDA 33160

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

17555 COLLINS AVENUE

APARTMENT NUMBER 308

SUNNY ISLES BEACH, FLORIDA 33160

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: GRACE KARINA GUAYASAMIN

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: GRACE KARINA GUAYASMIN

b. No authority granted to: _____

Maria Manresa
Signature of authorized representative

MARIA I. MANRESA
Typed or printed name of signature

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA