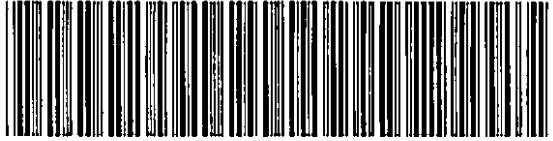


216000085185



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C. SIMMONS
JUL 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOS Development 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:

Michelle Gonzalez Esq.
Name of Person

Sanchez Vadiello LLP
Firm/Company

11402 NW 41st Street Suite 202
Address

Doral FL 33178
City/State and Zip Code

msanchez@svlawus.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Gonzalez at (305) 436 1410
Name of Person Area Code 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: DOS Development LLC

SECOND: The Florida Document Number of the limited liability company is: L 160000085185

THIRD: The street address of the limited liability company's principal office is:
89 NE 27th Street
Suite 120
Miami FL 33127

The mailing address of the limited liability company's principal office is:
89 NE 27th Street
Suite 120
Miami FL 33127

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TALLAHASSEE, FLORIDA

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: Michelle Gonzalez, Inalvis Zubiaur, Xiomara Polanco.

b. No authority granted to: N.A.

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
a. Granted to: Michelle Gonzalez.

b. No authority granted to: N.A.

Signature of authorized representative

Gustavo Oribe

Typed or printed name of signature

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