

119000159364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

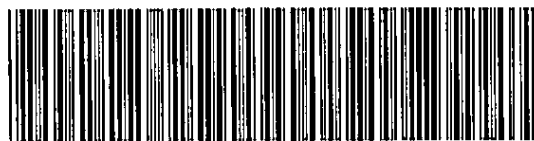
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

D BRUCE  
AUG 17 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MATT.N.& A PROPERTIES 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:

Alexander Ocampo Rodriguez  
Name of Person

MATT.N.& A PROPERTIES LLC  
Firm/Company

481 SW 131 TERRACE  
Address

DAVIE, FL 33325  
City/State and Zip Code

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

For further information concerning this matter, please call:

Alexander Ocampo Rodriguez at (754) 366-0818  
Name of Person Area Code Daytime Telephone Number

SECURE MAIL CENTER  
TALLAHASSEE, FL

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**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 company submits the following statement of authority:

FIRST: The name of the limited liability company is: Matt.N.& A Properties LLC

SECOND: The Florida Document Number of the limited liability company is: L19000159364

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

481 SW 131st Terrace

DAVIE, FL 33325

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

481 SW 131 TERRACE

DAVIE, FL 33325

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: ALEXANDER OCAMPO RODRIGUEZ

b. No authority granted to: \_\_\_\_\_

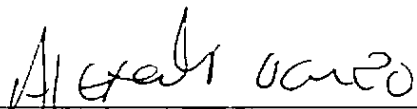
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: ALEXANDER OCAMPO RODRIGUEZ

b. No authority granted to: \_\_\_\_\_

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TALLAHASSEE, FL

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Signature of authorized representative

Alexander Ocampo Rodriguez  
Typed or printed name of signature

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