

L19000303139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

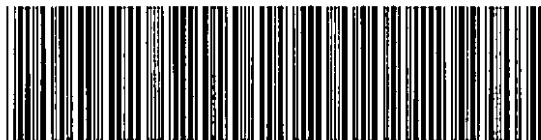
(Business Entity Name)

(Document Number)

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

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C. BRUMBLEY  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAVO 2 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:

BECHU ALEXANDRE

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

19821 NW 2ND AVE SUITE 385

\_\_\_\_\_  
Address

MIAMI , FL , 33169

\_\_\_\_\_  
City/State and Zip Code

FFMSERVICESLLC@GMAIL.COM

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

For further information concerning this matter, please call:

BECHU ALEXANDRE

954

2137259

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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: MAVO 2 LLC

SECOND: The Florida Document Number of the limited liability company is: L19000303139


THIRD: The street address of the limited liability company's principal office is:  
19821 NW 2ND AVE SUITE 385  
MIAMI, FL, 33169

The mailing address of the limited liability company's principal office is:  
19821 NW 2ND AVE SUITE 385  
MIAMI FL 33169

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: BECHU ALEXANDRE
  - b. No authority granted to: DI GIUGNO BECHU, FRANCK  
BECHU, VALERIE
- 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
  - a. Granted to: BECHU ALEXANDRE
  - b. No authority granted to: BECHU, VALERIE, DI GIUGNO FRANCK

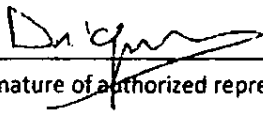
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 SECRETARY OF STATE  
 TALLAHASSEE, FL  
 90

  
\_\_\_\_\_  
Signature of authorized representative

BECHU, ALEXANDRE GASTON PIERRE  
Typed or printed name of signature

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

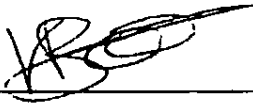
Continuance of page 2



Signature of authorized representative

DIGIUGNO - BECHU FRANCK

Typed or printed name of signature



Signature of authorized representative

BECHU VALERIE

Typed or printed name of signature

Signature of authorized representative

Typed or printed name of signature

Signature of authorized representative

Typed or printed name of signature

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