

L200000052826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

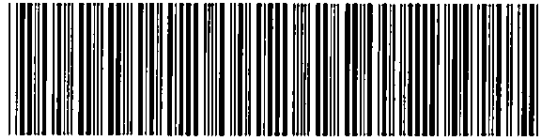
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL 32309

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maustin Homes, 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:

L. Michael Osman
Name of Person

Maustin Homes, LLC
Firm/Company

1474-A West 84 Street
Address

Hialeah, Florida 33014
City/State and Zip Code

LM01474@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

L. Michael Osman at (305) 823-1401
Name of Person 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 840
Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA

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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: Maustin Homes LLC

SECOND: The Florida Document Number of the limited liability company is: L20000052826

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

1474-A west 84 street
Hialeah, Florida 33014

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

1474-A West 84 Street
Hialeah, Florida 33014

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.

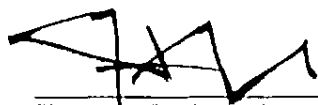
a. Granted to: L. Michael Osman

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: L. Michael Osman

b. No authority granted to: N/A



Signature of authorized representative

L. Michael Osman - Manager
Typed or printed name of signature

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

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JAN 24 2025

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