

L20000306839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

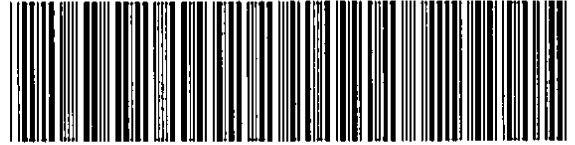
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300368335953

RECEIVED

JUN 28 2021

06/25/21--00025--001 **125.00

FILED
2021 JUN 28 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FL

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: MNS ALPHA 3 LLC

SECOND: The Florida Document Number of the limited liability company is: L20000306839

THIRD: The street address of the limited liability company's principal office is:
1680 Michigan Ave Ste 700
Miami Beach FL 33139

The mailing address of the limited liability company's principal office is:
1680 Michigan Ave Ste 700
Miami Beach FL 33139

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: CONSTANZA AMADO

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: CONSTANZA AMADO

b. No authority granted to: N/A

2021 JUN 28 AM 11:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

Signature of authorized representative

FRANCOIS BOISSON
Typed or printed name of signature

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