

L19000080217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

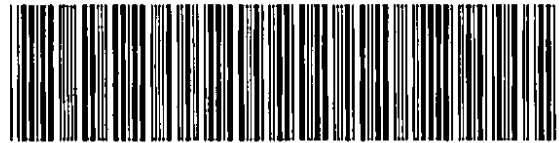
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300327615353

04/10/19--01023--012 **55.00

APPROVED
AND
FILED

2019 APR 10 PM 4:01

RECEIVED
FBI - ALBANY
APR 10 2019

T.G.
04/16/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 405 MM HOLDINGS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

JULIE G COHEN

Name of Person

STROCK & COHEN ZIPPER LAW GROUP PA

Firm/Company

2900 GLADES CIR STE 750

Address

WESTON, FL 33327

City/State and Zip Code

JCOHEN@STROCKLAW.COM

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

For further information concerning this matter, please call:

JULIE G COHEN

954

634-1771

at (_____) _____

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

APPROVED
AND
FILED

2019 APR 10 PM 4:01

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: 405 MM HOLDINGS, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000080217

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

C/O HOMERICH REALTY

1565 N PARK DRIVE STE 100

WESTON, FL 33326

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

C/O HOMERICH REALTY

1565 N PARK DRIVE STE 100

WESTON, FL 33326

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: RODOLFO A TORRES RAMIREZ or

CAROLINA E TORRES ARANDA

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: RODOLFO A TORRES RAMIREZ or

CAROLINA E TORRES ARANDA

b. No authority granted to: _____

Signature of authorized representative

Signature of authorized representative

RODOLFO A TORRES RAMIREZ

CAROLINA E TORRES ARANDA

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

APPROVED
AND
FILED

2019 APR 10 PM 4:01