

L04000041717

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000190632 3)))



H150001906323ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MGS DEVELOPMENT L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

15 AUG -6 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG -6 AM 7:29

FILED

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: MGS Development LLC

SECOND: The Florida Document Number of the limited liability company is: L04000041717

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

2730 S.W. 3rd Ave., Suite 601

Miami, FL 33129

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

c/o R&S International Law Group, LLP

1000 Brickell Ave., Suite 400

Miami, FL 33131

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: _____

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: Carlos Ortiz

b. No authority granted to: _____


Signature of authorized representative

Carlos Ortiz

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2B138 (2/14)

FILED
15 AUG -6 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA