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COVER LETTER

TO: Registration Section **Division of Corporations**

MODULAR BUILDING SYSTEMS INTERNATIONAL, LLC

SUBJECT:

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:

PATRICIA BERK, CEO

Name of Person

MODULAR BUILDING SYSTEMS INTERNATIONAL,

Firm/Company

614 E. HWY 50, SUITE 326

Address

CLERMONT, FLORIDA 34711

City/State and Zip Code

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

For further information concerning this matter, please call:

PATRICIA BERK, CEO

905-9951

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 32

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the folloauthority:	owing statement of
FIRST: The name of the limited liability company is:	
MODULAR BUILDING SYSTEMS INTERNATIONAL, LLC	
SECOND: The Florida Document Number of the limited liability company is: L080000456	 519
THIRD: The street address of the limited liability company's principal office is: 614 E. HWY 50, SUITE 326	
CLERMONT, FLORIDA 34711	_
The mailing address of the limited liability company's principal office is: 614 E. HWY 50, SUITE 326	
CLERMONT, FLORIDA 34711	
FOURTH: This statement of authority grants or sets limitations of authority on all persons hav position of a person in a company, whether as a member, transferee, manager, officer or otherwiperson on the following: 1. May execute an instrument transferring real property held in the name of the comp a. Granted to: PATRICIA BERK, CEO	ise or to a specific
b. No authority granted to:	N25 AH 7:4
2. May enter into other transactions on behalf of, or otherwise act for or bind, the col a. Granted to: PATRICIA BERK, CEO	mpeny:
b. No authority granted to:	_ _
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	C CEO e of signature