## 9000060586

(Requestor's Name)		
(Address)	40035572	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	11/30/20010160	
(Business Entity Name)	11/30/20010160	
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statem authority:	nent of	
FIRST: The name of the limited liability company is:		
SECOND: The Florida Document Number of the limited liability company is:		
THIRD: The street address of the limited liability company's principal office is:  6841 NW 113 CT, DORAL, FL 33178		
The mailing address of the limited liability company's principal office is: 6841 NW 113 CT, DORAL, FL 33178		
	us or	
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the state position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a superson on the following:  1. May execute an instrument transferring real property held in the name of the company.	pecific	
a. Granted to:	2020 1194	
No authority granted to:  2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.	2020 NOV 30 PH 9: 0	
a. Granted to:	B: 03	•
b. No authority granted to:	More	NO IREGUI
Signature of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)		
Elizarie Duente, Attorney		