## 410000125178

| (Req                      | uestor's Name)  |             |
|---------------------------|-----------------|-------------|
| (Add                      | ress)           |             |
| (Add                      | ress)           |             |
| (City                     | /State/Zip/Phon | e #)        |
| PICK-UP                   | ☐ WAIT          | MAIL        |
| (Bus                      | iness Entity Na | me)         |
| (Doc                      | ument Number)   | )           |
| Certified Copies          | Certificate     | s of Status |
| Special Instructions to F | iling Officer:  |             |
|                           |                 |             |
|                           |                 |             |
|                           |                 |             |

Office Use Only



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15 JUL 27 AN II: 58
SECRETARY OF STATE

Ant a Ship

## COVER LETTER

| TO: Registration Section Division of Corporations  |                                      |   |
|--|--------------------------------------|---|
| SUBJECT:   |                                      |   |
| Name of Limite   | d Liability Com                      | pany  |
| Dear Sir or Madam:   |                                      |   |
| The enclosed Statement of Authority and fee(s) are sub-  | nitted for filing.                   |   |
| Please return all correspondence concerning this matter  | to the following                     | :   |
| Justin R. Infurna, Es.   |                                      |   |
| Name of Person   |                                      |   |
| Attorney at Law  |                                      |   |
| Firm/Company   |                                      |   |
| 69 East Pine St.   |                                      |   |
| Address  |                                      |   |
| Orlando, FL 32801  |                                      |   |
| City/State and Zip Code  |                                      |   |
| justininfurna@gmail.com  |                                      |   |
| E-mail address: (to be used for future annual re   | eport notification                   | 1)  |
| For further information concerning this matter, please ca  | all:                                 |   |
| Justin R. Infurna  | 800                                  | 774-1560  |
| 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 | Registrati<br>Division o<br>P.O. Box | G ADDRESS:<br>ion Section<br>of Corporations<br>6327<br>ee, Florida 32314 |

## STATEMENT OF AUTHORITY

| authority:  | 605.0302(1), Florida Statutes, this limited liability company submits the follo  | U  |
|---|--|--|
| FIRST: The name   | of the limited liability company is: Team Market Group LLC   | <del></del>  |
| SECOND: The Flo   | rida Document Number of the limited liability company is: L1000012517  | 78   |
|   | address of the limited liability company's principal office is: 69 East Pine St.   | _  |
| -   | Orlando, FL 32801  | _  |
| The mail  | ing address of the limited liability company's principal office is: 69 East Pine St.   | _  |
|   | Orlando, FL 32801  | _  |
|   | ttement of authority grants or sets limitations of authority on all persons havin  |  |
| position of a person<br>person on the follow                          | in a company, whether as a member, transferee, manager, officer or otherwise ring:  Recute an instrument transferring real property held in the name of the comparation of the comparati | e or to a specific   |
| position of a person<br>person on the follow<br>1. May co             | in a company, whether as a member, transferee, manager, officer or otherwise<br>ring:  **Recute an instrument transferring real property held in the name of the comparison.   | e or to a specific   |
| position of a person<br>person on the follow<br>1. May co             | in a company, whether as a member, transferee, manager, officer or otherwise<br>ring:  xecute an instrument transferring real property held in the name of the compa-<br>Granted to:  Romi Mawardi and Keith Mawardi, including  | e or to a specific   |
| position of a person<br>person on the follow<br>1. May c:<br>a.<br>b. | in a company, whether as a member, transferee, manager, officer or otherwise ring:  Recute an instrument transferring real property held in the name of the compa Granted to:  Romi Mawardi and Keith Mawardi, including Deeds, Mortgages, Leases and other documents  No authority granted to:  N.A.  No authority granted to:  Romi Mawardi and Keith Mawardi, including Granted to:  Romi Mawardi and Keith Mawardi, including  | e or to a specific  15 JUL 27 AH II  SECRETARY OF S TALLAHASSEE, FI                    |
| position of a person person on the follow  1. May can a.  b.          | in a company, whether as a member, transferee, manager, officer or otherwise ring:  Recute an instrument transferring real property held in the name of the comparanted to:  Romi Mawardi and Keith Mawardi, including Deeds, Mortgages, Leases and other documents  No authority granted to:  N.A.  No authority granted to:  N.A.  Romi Mawardi and Keith Mawardi including including and Keith Mawardi including in | e or to a specific  15 JUL 27 AH II: 58  SECRETARY OF STATI  TALLAHASSEE, FLORI  panya |