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MDM INVESTMENT PROPERTIES, L.L.C.

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:

Registration Section
Division of Corporations

MDM INVESTMENT PROPERTIES, L.L.C.

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:

JOANNA PLESSIS, ESQ.

Name of Person

SERBER & ASSOCIATES, P.A.

Firm/Company

2875 N.E. 191ST STREET SUITE 801

Address

AVENTURA, FL 33180

City/State and Zip Code

INFO@SERBERLAWFIRM.COM

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

For further information concerning this matter, please call:

JOANNA PLESSIS

305

932-6262

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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability authority:	
FIRST: The name of the limited liability company is: MDM INVE	STMENT PROPERTIES, L.L.C.
SECOND: The Florida Document Number of the limited liability com	npeny is: L11000055915
THIRD: The street address of the limited liability company's principa 2875 NE 191 STREET SUITE 801 AVENTURA	
The mailing address of the limited liability company's princ 2875 NE 191 STREET SUITE 801 AVENTURA	ii - 1
FOURTH: This statement of authority grants or sets limitations of aut position of a person in a company, whether as a member, transferee, may person on the following: 1. May execute an instrument transferring real property held	nanager, officer or otherwise or to a specific d in the name of the company.
a. Granted to: S&A COMPANY MANAGEM	15 AUG 19 AM
No authority granted to: May enter into other transactions on behalf of, or otherwise.	9.
a. Granted to:	5 m 6
b. No authority granted to:	
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (J. Emiliano Daniele Typed or printed name of signature (optional)