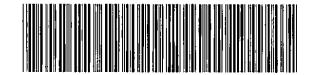
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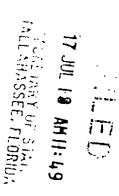
(Re	questor's Name)	
(Ad	dress)	
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(Cit	:y/State/Zip/Phone	? #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
i.		

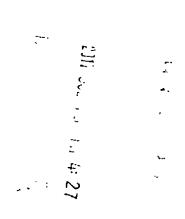
Office Use Only



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Filing Cover Sheet

:	Florida	Division	of	Corpo	rations
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rom: Kim Tadlock C/O Capitol Services, Inc.

ate: 7/18/2017

rans#: 920639

Intity Name:

1.) MAS PROPERTY HOLDINGS, LLC /

Articles Incorporation ()

Articles of Dissolution ()

Conversion ()

Foreign Qualification ()

Limited Partnership ()

Reinstatement ()

Other (XX – STATEMENT OF AUTHORITY)

TATE FEES PREPAID WITH CHECK#1047 FOR \$25.00 /

LEASE RETURN:

ertified Copy () Plain Photocopy (XX)

iood Standing () Certificate of Fact ()

Phone: 855-498-5500

COVER LETTER

gistration Section rision of Corporations		
MAS PROPERTY HOLDING	GS, LLC, a Florid	a limited liability company
	imited Liability Comp	any
Madam:		
d Statement of Authority and feg(s) are	submitted for filing.	
all correspondence concerning this m	atter to the following:	
MITH		
Name of Person		
OPERTY HOLDINGS, LLC		
Firm/Company		
RUCE AVENUE		
Address		
00, FLORIDA 32824		
City/State and Zip Code		
awkavservices.com		
nail address: (to be used for future ann	ual report notification))
nformation concerning this matter, plea	ise call:	
MITH	407	851-8222 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
REET/COURIER ADDRESS:		G ADDRESS:
ision of Corporations	Division of	of Corporations
~	P.O. Box (6327 ee, Florida 32314
	MAS PROPERTY HOLDING Name of L Madam: I Statement of Authority and fog(s) are all correspondence concerning this in MITH Name of Person OPERTY HOLDINGS, LLC Firm/Company RUCE AVENUE Address O, FLORIDA 32824 City/State and Zip Code Bukavservices.com Inail address: (to be used for future ann information concerning this matter, pless MITH Name of Person REET/COURIER ADDRESS: gistration Section	MAS PROPERTY HOLDINGS, LLC, a Florid Name of Limited Liability Comp Madam: If Statement of Authority and feg(s) are submitted for filing. If all correspondence concerning this matter to the following: MITH Name of Person OPERTY HOLDINGS, LLC Firm/Company RUCE AVENUE Address OO, FLORIDA 32824 City/State and Zip Code Bawkavservices.com Information concerning this matter, please call: MITH Name of Person Area Code REET/COURIER ADDRESS: ANAILING Registration Section Registration of Corporations From Building ROBOT RESISTATION BOX RESISTATION BOX RESISTATION BOX REGISTATION RE

CR2E138 (2/14)

Tallahassec, Florida 32301

STATEMENT OF AUTHORITY

authority:	:	.0302(1). Florida S		-		J		of	
FIRST:	The name of t	he limited liability	company is: MA	S PROP	ERTY HOLD	INGS, LLC			
SECONI	D: The Florid	a Document Numbe	er of the limited l	iability com	pany is:_L12000	0125978			
		dress of the limited UCE AVENUE							
-		address of the limit							
position o person on	of a person in a the following		r as a member, tra	ınsferce, ma	nager, officer or	otherwise or to	status or a specific	~	
·		ute an instrument tr					ASSEE, FLORI	JUL IS AHII: 49	
	b. 1	No authority granted	l to:				DA	۵	
2		r into other transact		or otherwis	se act for or bind,	the company.			
	b. N	No authority granted	i to:						
	NIIIh	X			MARK SMIT				
Signature	of authorized	representative	Filing Fee: Certified Copy	\$25.00 v: \$30.00 (c	Typed or printe	ed name of sign	nature		