

L13000118545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

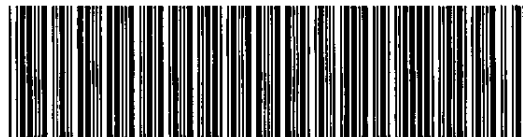
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O SIMMONS
DEC 08 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MG ITALY, LLC

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:

JUAN C. VALDES, ESQ.

Name of Person

QUESADA LAW

Firm/Company

1313 Ponce de Leon Blvd., Suite 200

Address

Coral Gables, FL 33134

City/State and Zip Code

jcv@quesadalaw.net; alz@quesadalaw.net

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

For further information concerning this matter, please call:

JUAN C. VALDES

Name of Person

at (305)

Area Code

446-2517

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

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: MG ITALY, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000118545

THIRD: The street address of the limited liability company's principal office is:

6570 Griffin Rd.

Suite 101

Davie, FL 33314

The mailing address of the limited liability company's principal office is:

13899 Biscayne Blvd.

PH 9

North Miami Beach, FL 33181

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

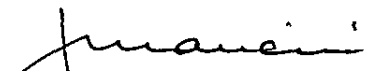
a. Granted to: Guido Mancini Calabrese

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Guido Mancini Calabrese

b. No authority granted to: _____



Signature of authorized representative

Guido Mancini Calabrese

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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16 DEC -5 PM 3:50
DIVISION OF CORPORATIONS