L13000132425

	(Requestor's Name)				
(Address)					
(Address)					
	(City/State/Zip/Phone #)				
PICK-UI	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer.					

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CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MM 1404 INVES	STMENTS LLC		,
a			
		;	
			Ari of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Рһою Сору
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
			Fictitious Owner Search
Signature			Vehicle Search
	 	_ _	Driving Record
Requested by:			UCC 1 or 3 File
			UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In		p	Courier

TO:

COVER LETTER

	gistration Section vision of Corporations		
DI	·		
SUBJECT:	MM 1404 INVESTMENTS, LLC		
	Name of	Limited Liability Corr	pany
Dear Sir or I	Madain:		
The enclosed	d Statement of Authority and fee(s) as	re submitted for filing.	
Please return	n all correspondence concerning this r	natter to the following	ÿ.
LILIANA V	' AVELLAN, ESQ.		
	Name of Person	1	-
LILIANA V	. AVELLAN P.A.		
	Firm/Company		-
9950 SW 10	7 AVENUE, STE 204		
	Address		-
MIAMI FL	33176-2767		
	City/State and Zip Code		-
LA@LAPA	LAW.COM		
E-r	mail address: (to be used for future an	nual report notification	n)
For further in	nformation concerning this matter, ple	ease call:	
LILIANA V	AVELLAN	305 at (271-3760
	Name of Person	Area Code	Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0 authority:	1302(1), Florida Statutes, thi	is limited liabilit	y company submits the follow	zing statement of
FIRST: The name of th	e limited liability company	MM 1404 IN	VVESTMENTS, LLC	
SECOND: The Florida	Document Number of the li	mited liability co	ompany is:	7. 5.1.4
THIRD: The street additional 10201 HAMMO	ress of the limited liability of DCK BLVD	ompany's princi	pal office is:	2821 650
STE 157				Eig
MIAMI FL 331	96			-
The mailing a	ddress of the limited liability	y company's pri	ncipal office is:	- 3 3
STE 157		* <u>*</u>		- <u>-</u>
MIAMI FL 331	96			
	c an instrument transferring LUCAS BELMON anted to:	TE	eld in the name of the compan	y.
b. No		- <u></u> -		
		chalf of, or other	wise act for or bind, the comp	any,
b. No	authority granted to:			
DocuSigned by:				
ionia C. Mastrogiuse	ppe		SONIA C. MASTROGIUS	EPPE
Signature of authorized re	epresentative Filling F	ee: \$25.00 d Copy: \$30.00		signature

CR2E138 (2/14)

STATEMENT OF AUTHORITY MM 1404 INVESTMENTS LLC

Jerson O Maldonado Jerson O. Maldonado- Manager

DocuSigned by. Jerson J. Maldonado

Jerson J. Maldonado, Manager