113000146243

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COVER LETTER

TO:	Registration Section Division of Corporations			ı.	•	4
SUBJE	FCT:	MW REAL ESTA	ATE	E GROUP I	HOL	DINGS 1, LLC
0000		Name of Limited	d l	iability Con	npan	y
Dear S	ir or Madam:					
The en	closed Statement of Authorit	y and fee(s) are subn	nitt	ed for filing	•	
Please	return all correspondence cor	ncerning this matter	to t	he following	g:	
	Lucas Mad				_	
	Name of P	erson				
	MW REAL ESTATE GR	OUP HOLDINGS	1, l	LC_		
	Firm/Com	pany			-	
	16850 COLLINS	AVE, #112560				
	Address				_	
	SUNNY ISLES B	EACH, FL 33160				
	City/State and Zip	Code			_	
	Lucas@mwr	egroup.com				
	E-mail address: (to be used	d for future annual re	cpo	rt notificatio	эп)	
For fur	ther information concerning	this matter, please ca	ail:			
	Lucas Macha	do 2	at (_	954	_)	526-5836
	Name of Person			Area Code		Daytime Telephone Number
	Mailing Address:				<u>Str</u>	eet Address:
	Registration Section				Re	gistration Section
	Division of Corporation	ons			Div	vision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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: ____MW REAL ESTATE GROUP HOLDINGS 1. LLC L13000146243 SECOND: The Florida Document Number of the limited liability company is: **THIRD**: The street address of the limited liability company's principal office is: 16850 COLLINS AVE, #112560, SUNNY ISLES BEACH, FL 33160 The mailing address of the limited liability company's principal office is: 16850 COLLINS AVE, #112560, SUNNY ISLES BEACH, FL 33160 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. Rita F. Machado a. Granted to: b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company, a. Granted to: ____ Rita F. Machado b. No authority granted to:

Signature of authorized representative

Typed or printed name of signature

Mw Roal Estate Grapus

Attional

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

MGK of MW Red Estate