13000146247

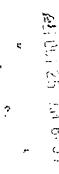
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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COVER LETTER

TO:	Registration Section Division of Corpor							
SUBJ	ECT:	MW REA	L ESTAT	TE GROÙP	OPE	ERATIONS, LLC		
		Name of	Limited	Liability Cor	mpan	y		
Dear S	Sir or Madam:							
The er	nclosed Statement of a	Authority and fee(s) a	ıre submi	tted for filing	គំ.			
Please	return all correspond	ence concerning this	matter to	the followin	ıg:			
	Luc	as Machado						
	Na	me of Person						
	MW REAL ESTA	TE GROUP OPER	ATIONS	, LLC	_			
	Fit	m/Company						
	16850 C	DLLINS AVE, #112	560					
	,	Address			_			
	SUNNY IS	SLES BEACH, FL 3	3160					
	City/State	and Zip Code			_			
	Luca	s@mwregroup.com	า					
	E-mail address: (to	be used for future a	nnual rep	ort notificati	on)			
For fu	rther information con	cerning this matter, p	dease cal	l:				
	Lucas	Machado	at	(954)	526-5836		
	Name of	Person		Area Code	,	Daytime Telephone Number		
	Mailing Addre	<u>ss:</u>			Sti	reet Address:		
Registration Section Division of Corporations						Registration Section		
				Division of Corporations				
P.O. Box 6327				The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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	of the limited liability company is: _	MW REAL ESTATE GROUP OPERATIONS, LLC						
									
SECON	D: The Flor	rida Document Number of the limite	ed liability company is:	L13000146247					
THIRD:	: The street	address of the limited liability comp	pany's principal office is:						
	16850 COLLINS AVE. #112560, SUNNY ISLES BEACH. FL 33160								
				···					
		ng address of the limited liability co		;					
	10	5850 COLLINS AVE, #112560, S		63					
position		tement of authority grants or sets lir in a company, whether as a member ing:							
	1. May ex	ecute an instrument transferring rea	d property held in the name	of the company.					
	a.	Granted to: Rita F M	lachado						
	b.	No authority granted to:							
	2. May er	nter into other transactions on behal	f of, or otherwise act for or	bind, the company.					
	a.	Granted to: Rita F M	lachado	 -					
	b.	No authority granted to:							
		In	Lu	cas Machado as MGK					
Signature	e of authoriz	ed representative		orinted name of signature					

Filing Fee:

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

CR2E138 (2/14)

Typed or printed name of signature

MW ROAL Estak Grap LLC

MGR of MW Real Estak

Group Operations, LLC