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COVER LETTER

TO: Registration Section Division of Corporations		
FALLS 132, LLC		
Name of Limited Lia	bility 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:	
Hector Mata, Jr.		
Name of Person		
Mata Investment & Development Corp.		
Firm/Company		
8961 SW 108 Street		
Address		
Miami, FL 33176		
City/State and Zip Code		
hectorjr1011@hotmail.com		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please call:	FEB LAHA	
Hector Mata, Jr. 30	05 <u>219-5416</u>	
Name of Person A	rea Code Daytime Telephone Number	
	ot w	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Registration Section		
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Taliahassee, Florida 32301		

STATEMENT OF AUTHORITY

authority	•		ng statement of	
FIRST:	The name of the limited liability company is: FALL	102, 220		
SECON	D: The Florida Document Number of the limited liab	pility company is:	,	
	The street address of the limited liability company's 8961 SW 108th Street, Miami, FL 33176	s principal office is:		
	The mailing address of the limited liability compan 8961 SW 108th Street, Miami, FL 33176	• •		
position -	H: This statement of authority grants or sets limitation of a person in a company, whether as a member, trans	ons of authority on all persons having sferce, manager, officer or otherwise o	the status or or to a specific	
person o	n the following: 1. May execute an instrument transferring real prop	perty held in the name of the company	·.	
	a. Granted to: Hector Mata, Jr.			
	b. No authority granted to:			
	2. May enter into other transactions on behalf of, on a. Granted to: Hector Mata, Jr.	or otherwise act for or bind, the compa	17 FEB 2 SECRETAR TALLAHASS	-1
	b. No authority granted to:		Y OF STA	
	A SUL	Hector Mata, Jr.		à
Signat ure	of authorized representative Filing Fee: Certified Copy:	Typed or printed name of \$25.00 \$30.00 (aptional)	21Bustnic	

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