L19000261826

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000261826 3)))

H19000261826 3ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2019 AUG 29 PM 8:20

RECEIVED
19 AUG 29 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MIDI, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

Electronic Filing Menu Corporate Filing Menu Help

CLASS

AUG 29 2019

H19000261826

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: MIDI, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L14000156518

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

12 SE 17TH STREET, SUITE 801
FORT LAUDERDALE, FL 33301

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

12 SE 17TH STREET, SUITE 801
FORT LAUDERDALE, FL 33301

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

1. May execute an instrument transferring real property held in the name of the company.
   a. Granted to: Jose Maria Riboo Martin
   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: Jose Maria Riboo Martin
   b. No authority granted to: _____

AUG 29 PM 3:20

Signature of authorized representative

Jose Maria Riboo Martin
Typed or printed name of signature

Universal Heir/Appointed Executor

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

CR2E138 (2/14)

H19000261826

YO EL LICENCIADO SALVADOR GODÍNEZ VIERA, NOTARIO NUMERO CUARENTA Y DOS DE LA CIUDAD DE MÉXICO, CERTIFICO: - - - - - - - - - - - - -

Que la firma que calza el presente documento del señor **JOSE MARIA RIOBOO MARTIN,** fue puesta de su puño y letra, ratificando su contenido, según consta en el acta número ciento setenta mil ochocientos cuarenta y tres, de fecha veintisiete de agosto de dos mil diecinueve, otorgada en el protocolo a mi cargo.- - - - - - - - -

= Haciendo constar que me aseguré de la identidad del compareciente, por el conocimiento personal que tengo del mismo. -

Ciudad de México, a 27 de agosto de 2019.

LIC. SALVADOR GODÍNEZ VIERA
NOTARIO NUM. 42 DE LA CDMX

2019 AUG 29 PM 3:20

H19000261826