L14000169205

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-COVER LETTER

TO: Registration Section Division of Corporations	ž.	18.
MI GLOBAL GROUP USA, LLO	С	
	ted Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matter	er to the following	:
RICHARD LLERENA, ESQ.		
Name of Person		
LLERENA LAW, PA		
Firm/Company		
2393 S. CONGRESS AVE., SUITE 200		
Address		
WEST PALM BEACH, FL 33406		
City/State and Zip Code		
LLERENA.LAW@GMAIL.COM		
E-mail address: (to be used for future annual	report notification	1)
For further information concerning this matter, please	eall:	
Richard Llerena	561	247-1539
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Division of Corporations P.O. Box 6327 Tallahassee, Florida 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 the limited liability company is: MI GLOBAL GROUP USA, LLC SECOND: The Florida Document Number of the limited liability company is: <u>L14000169205</u> THIRD: The street address of the limited liability company's principal office is: 511 SE 5th Ave., #103 Ft. Lauderdale, FL 33301 The mailing address of the limited liability company's principal office is: 511 SE 5th Ave., #103 Ft. Lauderdale, FL 33301 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. a. Granted to: Ivan Moreno, Director & Shareholder of SUPRAMUNDIS CORPORATION, a Delaware Corp. b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: No authority granted to: **IVAN MORENO** Signature of authorized representative

Filing Fee:

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

Typed or printed name of signature

CR2E138 (2/14)