

1/6/2021

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

From: Account Name : FELDMAN & ASSOCIATES
Account Number : 128138000018
Phone : (305)931-0433
Fax Number : (866)856-1467

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

Email Address: paul@feldmanclosings.com

L.L.C. AMND/RESTATE/CORRECT OR M/MG RESIGN
MR WAVES, LLC

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C. KIRSE

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: MR WAVES, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000117790

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

9455 COLLINS AVENUE

APT. # 1007

SURFSIDE, FL 33154

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

9455 COLLINS AVENUE

APT. # 1007

SURFSIDE, FL 33154

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.

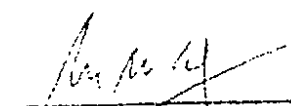
a. Granted to: PAUL FELDMAN, ESQ.

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: PAUL FELDMAN, ESQ.

b. No authority granted to: _____


Signature of authorized representative

MARCOS NICOLAS SUED

Typed or printed name of signature

Filing Fee: \$25.00

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