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## COVER LETTER

TO: Registration Section Division of Corporations

MOGNA ONE LLC

SUBJECT:

Name of Limited Liability 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:

JULIE G COHEN

Name of Person

STROCK & COHEN ZIPPER LAW GROUP PA

Firm/Company

2900 GLADES CIRCLE STE 750

Address

WESTON, FL 33327

City/State and Zip Code

JCOHEN@STROCKLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIE COHEN

Name of Person

954 \_\_\_\_\_) Area Code

at (\_\_\_\_\_

e Daytime Telephone Number

## Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

659-2220

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E138 (2/14)

	STATEMENT OF AUTHORITY
authority:	on 605.0302(1), Florida Statutes, this limited liability company submits the following statement of $2020 \text{ m}^2$
FIRST: The nan	ne of the limited liability company is: MOGNA ONE LLC
SECOND: The l	Elonda Document Number of the limited liability company is:
	eet address of the limited liability company's principal office is: 80th Street
Hialeah.	FL 33014
	ailing address of the limited liability company's principal office is: 80th Street
Hialeah.	FL 33014
FOURTH: This position of a perso person on the follo	statement of authority grants or sets limitations of authority on all persons having the status or on in a company, whether as a member, transferee, manager, officer or otherwise or to a specific owing:
I. May	execute an instrument transferring real property held in the name of the company.
	a. Granted to:
	William Daniel Sanchez or Jesus Sebastian Sanchez
I	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 : Francisca Vallecillo or Guillermo Sanchez or
	William Daniel Sanchez or Jesus Sebastian Sanchez

Guillermo Sanchez

Francisca Vallecillo

Typed or printed name of signature

Signatu

Signature

b. No authority granted to: \_\_\_\_

Filing Fee:

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

authorized representative

authomized representative

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