L16000138468

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(Ad	dress)			
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COVER LETTER

	gistration Section Sistemation of Corporations		· ·
SUBJECT:	MATSU 2, LLC		
SomeCr.	Name of Lir	nited Liability Comp	any
Dear Sir or ?	Madam:		
The enclosed	d Statement of Authority and fee(s) are	submitted for filing.	
Please return	all correspondence concerning this ma	tter to the following:	
Indyara A	Andion Piquet		
	Name of Person		
Piquet La	aw Firm, P.A.		
	Firm/Company		
1331 Brid	ckell Bay Drive, Suite CU2		
	Address		
Miami, F	L 33131		
	City/State and Zip Code		
indyara@	piquetlawfirm.com		
E-1	mail address: (to be used for future unnu	al report notification)
For further i	nformation concerning this matter, pleas	se call:	
Indyara A	Andion Piquet	786	558-8054
	Name of Person	Area Code	Daytime Telephone Number
ST	REET/COURIER ADDRESS:	MAILING ADDRESS:	

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

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

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CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of - Whose is but in 50 FIRST: The name of the limited liability company is: MATSU 2, LLC SECOND: The Florida Document Number of the limited liability company is: L16000138468 THIRD: The street address of the limited liability company's principal office is: 1331 Brickell Bay Drive, Suite CU2, Miami, FL 33131 The mailing address of the limited liability company's principal office is: 1331 Brickell Bay Drive, Suite CU2, Miami, FL 33131 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, transferce, 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. Granted to: MATHEUS DOMICINIANO NUNES CABRAL No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company, Granted to: MATHEUS DOMICINIANO NUNES CABRAL No authority granted to: Severino Domiciano Cabral

Filing Fee:

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

Typed or printed name of signature

CR2E138 (2/14)

Signature of authorized representative