L17000092192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
NOV 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MLMDSD, LLC
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:

E. James Kurnik, II, Esq.
Name of Person

Holmes Kurnik, P.A.
Firm Company

711 Fifth Avenue South, Suite 200
Address

Naples, Florida 34102
City State and Zip Code

jkurnik@holmeskurnik.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Kurnik at (239) 228-7280
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

CR2E138 (2/14)

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: MLMDSD, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000092192

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

3340 Tamiami Trail East
Naples, Florida 34112

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

3340 Tamiami Trail East
Naples, Florida 34112

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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: Michel Deaibes and Susanna Deaibes only.
   b. No authority granted to: Any other persons.
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
   a. Granted to: Michel Deaibes and Susanna Deaibes for all transactions. Deborah Singer for bank account only.
   b. No authority granted to: Any other persons. ally granted above.

Michel Deaibes

Signature of authorized representative

Michel Deaibes

Typed or printed name of signature

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

CR2E138 (2/14)