

L17000134508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700302159447

08/16/17--01025--027 **25.00

17 AUG 16 AM 11:49
CLERK OF COURT
ALACHUA COUNTY, FLORIDA

AUG 17 2017

Y SULKER

TO: Registration Section
Division of Corporations

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

Address

City/State and Zip Code

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

Name of Person

at (754)

Area Code

458 - 0232 (EXT 2)
Daytime Telephone Number

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

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: MLG&DDG INVESTMENT, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000134508

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

3505 SOUTH OCEAN DR., # 703

HOLLYWOOD, FL 33019

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

3505 SOUTH OCEAN DR., # 703

HOLLYWOOD, FL 33019

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: DIEGO P. DI GENOVA

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: DIEGO P. DI GENOVA

b. No authority granted to: _____



Signature of authorized representative

DIEGO P. DI GENOVA

Typed or printed name of signature

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