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| | (Requestor's Name) | _ |
|----------------------|--------------------------|--------|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone #) | |
| PICK-UI | P WAIT | MAIL |
| | (Business Entity Name) | _ |
| | (Document Number) | |
| Certified Copies | Certificates of 9 | Status |
| Special Instructions | s to Filing Officer: | |
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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: M.M. CREATIVE USA, 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: |
| JESÚS ABREU Name of Person |
| Firm/Company |
| 327 PRAIDLE OAKS Drive |
| Nerona, WI 53593 City/State and Zip Code |
| jabreu/108@ gmail.com |
| E-mail address: (to be used for fliture annual report notification) For further information concerning this matter, please call: |
| TESÚS ABREU at 608 Area Code Daytime Telephone Number |
| Area code Daytine relephone 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

STATEMENT OF AUTHORITY

| tursuant to section 605.0302(4). Florida Statutes, this limited liability company submits the following statement of uthority: |
|---|
| FIRST: The name of the limited liability company is: |
| SECOND: The Florida Document Number of the limited liability company is: <u>L 17000149913</u> |
| THIRD: The street address of the limited liability company's principal office is: |
| 1613 Columbia Alms Cir # 242 Kissimmee, FL 34741 |
| The mailing address of the limited liability company's principal office is: 1613 Columbia Arms Cir. #242 Kissimmee, FL 34741 |
| 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: Daniel Pirela or Neivo Pirela |
| 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: Daniel Prela or Neiro firela |
| b. No authority granted to: |
| ignature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) |