

L18000016/22

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

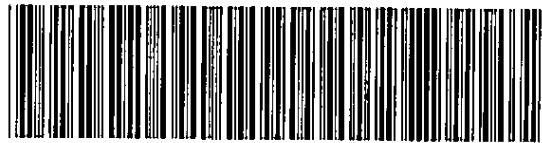
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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R. WHITE

APR 04 2019

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STATE OF MISSISSIPPI  
TALLAHASSEE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MCX Developers International 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:

Brian Barakat

Name of Person

Barakat Law, P.A.

Firm/Company

2701 Ponce De Leon Blvd. Suite 202

Address

Coral Gables, Florida 33134

City/State and Zip Code

service@triallawmiami.com

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

For further information concerning this matter, please call:

Brian Barakat

305

444-3114

Name of Person

at (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

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: MCX Developers International LLC

SECOND: The Florida Document Number of the limited liability company is: L18000016122

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

1329 NE 119 ST

Miami, Florida 33161

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

150 SE 2ND AVE, Suite 505

Miami, Florida 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, 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.

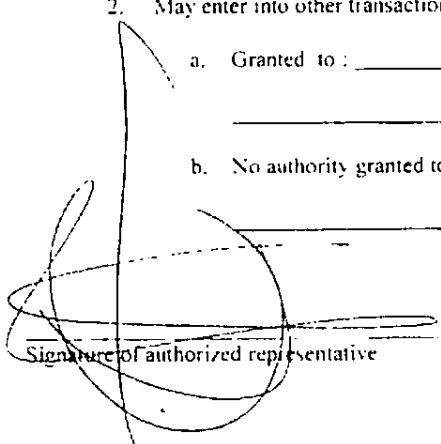
a. Granted to: \_\_\_\_\_

b. No authority granted to: ANDRES E. CASTANEDA

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: \_\_\_\_\_

b. No authority granted to: ANDRES E. CASTANEDA

  
Signature of authorized representative

Edson Asarias Silva

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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