

L18000072196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

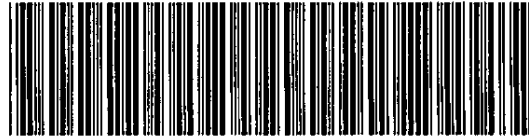
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 25 2018

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D & H Modern Home 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:

David Viera
Name of Person

Firm/Company

10435 NW 132nd ST.
Address

Hiialeah, FL 33018
City/State and Zip Code

david1viera@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Viera at (305) 218-3401
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

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: D & H Modern Home LLC

SECOND: The Florida Document Number of the limited liability company is: L18000072196

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

10435 NW 132nd ST.
Hialeah, FL 33018

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

10435 NW 132nd ST.
Hialeah, FL 33018

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: David Viera, Manager

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: David Viera, Manager

b. No authority granted to: _____

x [Signature]

Signature of authorized representative

Typed or printed name of signature

Filing Fee: \$25.00 ✓

Certified Copy: \$30.00 (optional) ✓

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2010 APR 25 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA