

L19000041786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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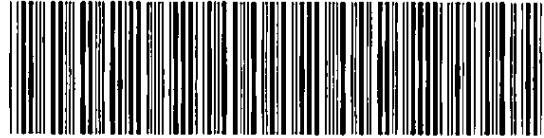
(Business Entity Name)

(Document Number)

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DATE: 2/1/2022

NAME: 4801 MINT INVESTMENTS LLC

TYPE OF FILING: STATEMENT OF AUTHORITY

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A + Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4801 Mint Investments 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:

Blanca Luna

Name of Person

Lunas Accounting and Taxes

Firm/Company

1560 Sawgrass Corporate Parkway 4th floor

Address

Sunrise, Florida, 33323

City/State and Zip Code

blan.61@hotmail.com

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

For further information concerning this matter, please call:

Blanca Luna

Name of Person

at (786)

Area Code

2375255

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: 4801 MINT INVESTMENTS LLC

SECOND: The Florida Document Number of the limited liability company is: L19000041786

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

1560 SAWGRASS CORPORATE PARKWAY

4TH FLOOR

SUNRISE, FL 33323

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

1560 SAWGRASS CORPORATE PARKWAY

4TH FLOOR

SUNRISE, FL 33323

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: JOSE M VALDES

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: JOSE M VALDES

b. No authority granted to: _____


Signature of authorized representative

ALICIA M CELIS + JOSE R VALDEZ

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**