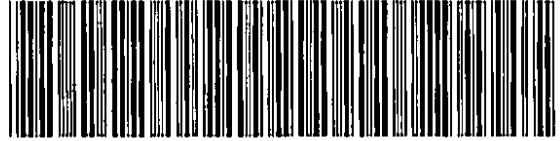


L19000080217



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04/10/19--01023--012 **55.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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DEPARTMENT

T.G.
04/16/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 405 MM HOLDINGS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees) are submitted for filing

Please return all correspondence concerning this matter to the following:

JULIE G COHEN

Name of Person

STROCK & COHEN ZIPPER LAW GROUP PA

Firm/Company

2900 GLADES CIR STE 750

Address

WESTON, FL 33327

City/State and Zip Code

JCOHEN@STROCKLAW.COM

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

For further information concerning this matter, please call:

JULIE G COHEN at (954) 634-1771
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

APPROVED
AND
FILED
2019 APR 10 PM 4:01
TALLAHASSEE, FLORIDA
REGISTRATION SECTION

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: 405 MM HOLDINGS, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000080217

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

C/O HOMERICH REALTY
1565 N PARK DRIVE STE 100
WESTON, FL 33326

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

C/O HOMERICH REALTY
1565 N PARK DRIVE STE 100
WESTON, FL 33326

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: RODOLFO A TORRES RAMIREZ or
CAROLINA E TORRES ARANDA

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: RODOLFO A TORRES RAMIREZ or
CAROLINA E TORRES ARANDA

b. No authority granted to: _____

[Signature]
Signature of authorized representative

[Signature]
Signature of authorized representative

RODOLFO A TORRES RAMIREZ

CAROLINA E TORRES ARANDA

Typed or printed name of signature

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

SECRETARY OF STATE
FILED

2019 APR 10 PM 4:01

APPROVED
AND
FILED