

L190000122317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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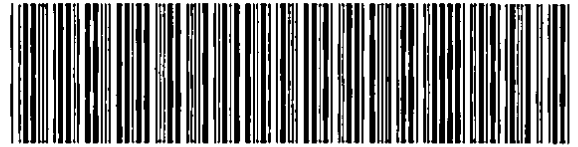
(Business Entity Name)

(Document Number)

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AUG 30 2019

SCHROEDER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MTDHOUSE SYSTEMS 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:

Raul Perez Ballaga

Name of Person

Ballaga, Freedman & Atkins, LLP

Firm/Company

396 Alhambra Circle, Suite 210

Address

Coral Gables, FL 33134

City/State and Zip Code

Raul@BFALLP.com

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

For further information concerning this matter, please call:

Raul Perez Ballaga at ( 305 ) 747-7550  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Chilton 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: MTDHOUSE SYSTEMS LLC

SECOND: The Florida Document Number of the limited liability company is: L19000122317

THIRD: The street address of the limited liability company's principal office is:  
14760 Masthead Landing Circle  
Winter Garden, FL 33787

The mailing address of the limited liability company's principal office is:  
14760 Masthead Landing Circle  
Winter Garden, FL 33787


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: \_\_\_\_\_  
\_\_\_\_\_

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

- a. Granted to: Jose Apude Neto  
\_\_\_\_\_  
b. No authority granted to: \_\_\_\_\_  
\_\_\_\_\_

  
Signature of authorized representative

Mauro Ferreira Franco  
Typed or printed name of signature

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

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STATE DEPT OF STATE  
ALL CHARGES IN FLORIDA

FILED