

L19000126257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2021 May 10 PM 12:07

AUG 1-1 2021

R. HUNT

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SUBJECT: TMM 509 LLC

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

THOMAS MOREAU 954 2137259
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

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

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: TMM 509 LLC

SECOND: The Florida Document Number of the limited liability company is: L19000126257

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

19821 NW 2ND AVE #385

MIAMI GARDENS FL 33169

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

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.

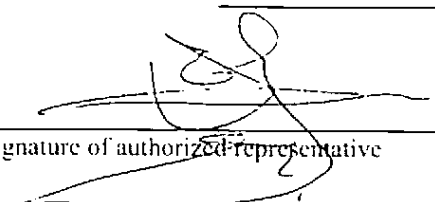
a. Granted to: THOMAS MOREAU

b. No authority granted to: THIERRY BESSE

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

a. Granted to: THOMAS MOREAU

b. No authority granted to: THIERRY BESSE


Signature of authorized representative

THOMAS MOREAU

Typed or printed name of signature

Filing Fee: **\$25.00**

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

2021 May 10 PM 12:07
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DIVISION OF CORPORATIONS