

L19 000 194463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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JAN 13 2020

Spoken  
or  
Authority

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MYWAY PROPERTY SERVICES 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:

NATHAN POSEY

\_\_\_\_\_  
Name of Person

MYWAY PROPERTY SERVICES LLC

\_\_\_\_\_  
Firm/Company

1133 NE 16TH TERRACE

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33304

\_\_\_\_\_  
City/State and Zip Code

DESORDEN11@YAHOO.COM

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

For further information concerning this matter, please call:

NATHAN POSEY

954

861-0597

at (

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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: MYWAY PROPERTY SERVICES LLC

SECOND: The Florida Document Number of the limited liability company is: L19000194463

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

1133 NE 16TH TERRACE

FORT LAUDERDALE, FL. 33304

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

1133 NE 16TH TERRACE

FORT LAUDERDALE, FL. 33304

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.

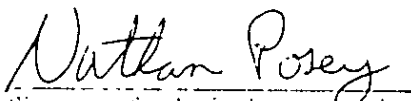
a. Granted to: NATHAN POSEY

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: NATHAN POSEY AS MANAGER OR  
GILSON TRINDADE AS AUTHORIZED SIGNATORY

b. No authority granted to: \_\_\_\_\_



Signature of authorized representative

NATHAN POSEY

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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NINTH JUDICIAL CIRCUIT  
FORT LAUDERDALE, FLORIDA