

L19000270446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

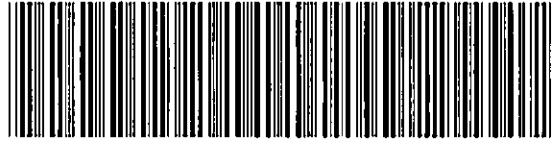
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 AUG 16 PM 2:28  
TALLAHASSEE, FLORIDA

*Marlene Leon-Rubido*

Attorney At Law

850 NW 42 Avenue  
Office Building, Suite 205  
Miami, Florida 33126  
email: marlenerubido@rubidolaw.com

Tel: (305) 596-2211  
Tel: (305) 446-2517  
Fax: (305) 446-7521

August 9, 2023

Division of Corporation  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Statements of Authority**

**MJ LH 329 SW 11 Ave LLC**

**MJ LH 126 NW 10 Ave LLC**

**MJ LH 337 NW 11 Ave LLC**

**MJ LH 427 SW 13 Ave LLC**

**MJ LH 1827 SW 3 LLC**

Dear Sir or Madam:

As per your instructions, enclosed

1. Statements of Authority for the above companies.
2. Checks in the sum of \$25.00, representing your fee for the filing for each company.

Thank you for your courtesies and please do not hesitate to contact me if you have any questions.

Sincerely,



Marlene Leon-Rubido, Esquire

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MJ LH 329 SW 11 AVE 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:

Marlene Leon-Rubido, Esq.

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

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

850 NW 42 Avenue, Suite 205

\_\_\_\_\_  
Address

Miami, Florida 33126

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

juan@305intl.com

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

For further information concerning this matter, please call:

Marlene Leon-Rubido, Esq.

305

596-2211

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

at (\_\_\_\_\_) \_\_\_\_\_

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: MJ LH 329 SW 11 AVE LLC

SECOND: The Florida Document Number of the limited liability company is: L19000270446

THIRD: The street address of the limited liability company's principal office is:  
260 Crandon Blvd, Suite 32-115

Key Biscayne, Florida 33149

The mailing address of the limited liability company's principal office is:  
260 Crandon Blvd., Suite 32-115

Key Biscayne, Florida 33149

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.

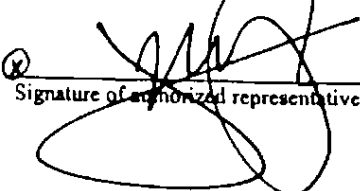
a. Granted to: \_\_\_\_\_

b. No authority granted to: Any Manager of the Company, without the express written consent and joinder of all the Members of the Company.

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

a. Granted to: \_\_\_\_\_

b. No authority granted to: Any Manager of the Company, without the express written consent and joinder of all the Membes of the Company.

  
Signature of authorized representative

Juan De la Puente, Manager  
Old Willow, LLC  
Typed or printed name of signature

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

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