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COVER LETTER

	egistration Section		
U	vision of Corporations		
SUBJECT	MJ LH 427 SW 13 AVE LLC :		
		nited Liability Com	pany
Dear Sir or	Madam:		
The enclose	ed Statement of Authority and fee(s) are s	submitted for filing.	
Please retu	m all correspondence concerning this mai	tter to the following	g
Marlene Lo	con-Rubido, Esq.		
	Name of Person		•
	Firm/Company		
850 NW 42	2 Avenue, Suite 205		
	Address		
Miami, Flo	rida 33126		
	City/State and Zip Code	-	
juan@305ii	ntl.com		
E-	mail address: (to be used for future annua	al report notification	1)
For further	information concerning this matter, pleas	e call:	
Marlene Le	on-Rubido, Esq.	305	596-2211
	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

Pursuan authority	t to section (y:	05.0302(1), Florida Statutes, this limited	f liability company submits the following	ng statement o	ıf	
FIRST:	The name	of the limited liability company is: MJ L	H 427 SW 13 AVE LLC		_	
SECON	D: The Flo	rida Document Number of the limited lia	bility company is:		_	
THIRD	: The street	address of the limited liability company' n Blvd, Suite 32-115	s principal office is:			
	Key Biscay	ne, Florida 33149				
		ng address of the limited liability compar n Blvd., Suite 32-115	ny's principal office is:			
	Key Biscay	ne, Florida 33149				
position	or a person n the follow	ecute an instrument transferring real prop	sferee, manager, officer or otherwise or perty held in the name of the company.	ne status or to a specific		
	а.			FALLA	2023 AUG 16	مار
	Ь.	No authority granted to: Any Manager written consent and joinder of all the M		TÀLLANASSEE FLORIU	G 16 PM	
	2. Mayer	ter into other transactions on behalf of, o	or otherwise act for or bind, the company	FĽÚŘIŬA y	4 2: 22	۱
	b.	No authority granted to: Any Manager of written consent and joinder of all the M				
\			JUAN DE LA PUP Old Willow LLC		nage a	:
Signature	OI authorize	d representative Filling Fee: Certifled Copy:	Typed or printed name of si \$25.00 \$30.00 (optional)	gnature		

CR2E138 (2/14)