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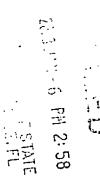
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COVER LETTER

	ion Section of Corporations		٠ 1
My SUBJECT:	Homeownership Academy		
SUBJECT:	Name of Limite	ed Liability Com	npany
Dear Sir or Mada	m:		
The enclosed Stat	ement of Authority and fee(s) are sub-	mitted for filing.	
Please return all c	orrespondence concerning this matter	to the following	3:
Juan Alvarez			
	Name of Person		-
Juan Alvarez & A	ssociates, Inc.		
	Firm/Company	•	•
250 Timber Lake	Circle E-104		
	Address		
Naples, FL 34104			
-	City/State and Zip Code		
alvarez.juan 123@	gmail.com		
E-mail a	ddress: (to be used for future annual re	eport notification	n)
For further inform	ation concerning this matter, please ca	all:	
Juan Alvarez		239 at (595-0755
	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

authority:		05.0302(1), Florida Statutes, this filmited flability		Ū	
FIRST: The	e name (of the limited liability company is: My Homeown	nership Academy, LLC	•	
SECOND:	The Flo	rida Document Number of the limited liability co	ompany is:		
THIRD: Th	e street	address of the limited liability company's princip Lake Circle		4. 17 •	2623
E-1	04				1 1
Nap	oles, FL	34104		- ;;	9
		ng address of the limited liability company's prir Lake Circle			2623 JPN -6 PM 2:5
E-16	04				8
Nap	oles, FL	34104		-	
1.	May ex	Granted to: Juan Alvarez, President Roger Miller, CPA to be added as the Register	•	ny. -	
	b.	No authority granted to: any other person or th	ird parties.	-	
2.	May e	onter into other transactions on behalf of, or otherward of the state		- oany. -	
	b.	No authority granted to: any other person or th	ird parties.	-	
À	Nwa.		Juan Alvarez	-	
Signature of a	authoriz	ed representative Filing Fee: \$25.00 Certified Copy: \$30.00		f signature	_