

11/19/2020

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing (Cover Sheet)

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000400573 3)))



H200004005733ABCV

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CONTEGA BUSINESS SERVICES, LLC  
Account Number : I20060000142  
Phone : (904)301-1269  
Fax Number : (904)301-1279

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

2020 NOV 19 PM 3:53

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MT DORA HOLDINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2020 NOV 19 AM 9:35

FILED

H20000400573 3

**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: MT DORA HOLDINGS LLC

**SECOND:** The Florida Document Number of the limited liability company is: L20000041579

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

675 Veterans Memorial Parkway

Orange City, Florida 32763

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

1969 S. Adafaya Trail # 377

Orlando, Florida 32828

**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: Troy M. Cox

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: Troy M. Cox

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

  
Signature of authorized representative

Troy M. Cox, Authorized Rep

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

H20000400573 3

2020 NOV 19 AM 9:35

FILED