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COVER LETTER

TO:	Registration Section Division of Corporations		
	Edozie MKL Limited Liability Com	npany	
SUBJ		Limited Liability Cor	mpany
Dear S	ir or Madam:		
The er	aclosed Statement of Authority and fee(s) a	re submitted for filing	·
Please	return all correspondence concerning this i	matter to the followin	តិ:
17	en Linnemeier		
Katnic	Name of Person		_
Aust I	.aw Firm		
	Firm/Company		_
1220	E. Livingston Stree		
	Address		-
Orland	to, Florida 32803		
	City/State and Zip Code		_
Kathle	een@austlaw.biz		
	E-mail address: (to be used for future an	nual report notification	on)
For fu	rther information concerning this matter, pl	ease call:	
Kathle	een Linnemeier	407 at (447-5399
_	Name of Person	Area Code	
	Mailing Address:		Street Address:
	Mailing Address: Registration Section		Registration Section
	Division of Corporations		Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

TO:

STATEMENT OF AUTHORITY

I, CHIEDOZIE A. MKPOLULU, sole Authorized Member for EDOZIE MKL LIMITED LIABILITY COMPANY (hereinaster "Company"), with the principal and mailing address of 9729 Lost Creek Drive, Winter Garden, Fl 34787 states the authority granted for the following person and position:

- 1. CHIEDOZIE A. MKPOLULU, sole Authorized Member of the Company, has the sole and absolute authority to:
 - a. Execute an instrument transferring real property held in the name of the Company; and
 - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.

This Statement of Authority was signed on the 18 day of May, 2023

CHIEDOZIE A. MKPOLULU, Authorized Metaber-

2023 . IIIN I 6 AM R. 55 .

This Statement of Authority prepared by:
Aust Law Firm
1220 E. Livingston St.
Orlando, FL 32803
407-447-5399