L20000060870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R. HUNT
01/24/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HMD Solutions 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:

Hector L. Garcia
Name of Person

HMD Solutions LLC
Firm/Company

5421 Dorrington Lane
Address

Orlando, FL 32821
City/State and Zip Code

hgarcia029@gmail.com
E-mail address (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call

Hector L. Garcia at (407) 662-0247
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

CR2E138 (2/14)

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: HMD Solutions LLC

SECOND: The Florida Document Number of the limited liability company is: L20000060870

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

5421 Dorrington Lane

Orlando, FL 32821

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

5421 Dorrington Lane

Orlando, FL 32821

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TALLAHASSEE, FL

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: Hector L. Garcia; Dale Woolford; Hector Pereyra, as Managers
   b. No authority granted to David Jimenez United Charity Services, or any director, officer, or agent thereof.
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company
   a. Granted to Hector L. Garcia; Dale Woolford; Hector Pereyra, as Managers
   b. No authority granted to David Jimenez United Charity Services, or any director, officer, or agent thereof.

Signature of authorized representative

Hector L. Garcia, MGR
Typed or printed name of signature

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

CR2E138 (2/14)