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SECRETARY OF STATE
TALLAMASSEE, FI

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## **COVER LETTER**

	tistration Section		
Div	rision of Corporations		•
ŠUBJECT:	MOUNTAIN MINERALS I.LC		•
	Name of Li	mited Liability Con	ppany
Dear Sir or N	Aadam;		
The enclosed	Statement of Authority and fee(s) are	submitted for filing.	
Please return	all correspondence concerning this ma	atter to the following	<b>;</b> :
CESAR GRI	IJALVA		
<del></del>	Name of Person		
MOUNTAIN	N MINERALS LLC		
	Firm/Company		
66 W FLAG	LER ST, SUITE 900		
-	Address		
MIAMI, FLO	DRIDA 33130		
	City/State and Zip Code	·	
LAND@MO	OUNTAINMINERALSLLC.COM		
E-m	nail address: (to be used for future annu	al report notification	1)
For further in	formation concerning this matter, pleas	se call:	
ED HELMS		786 at (	297-8584
	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

authority		ng statem	01
FIRST:	The name of the limited liability company is: MOUNTAIN MINERALS LLC		
SECON	CD: The Florida Document Number of the limited liability company is:		
	The street address of the limited liability company's principal office is: 66 W FLAGLER STREET, SUITE 900		
	MIAMI, FLORIDA 33130		
	The mailing address of the limited liability company's principal office is: 66 W FLAGLER STREET, SUITE 900		
	MIAMI, FLORIDA 33130		
position	TH: This statement of authority grants or sets limitations of authority on all persons having a of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the company a. Granted to:    IVAN MORALES   Section   Company   C	se 2021 JUN 28	or ecitic
	b. No authority granted to: N/A	AM 11:31	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp  a. Granted to:  IVAN MORALES	any.	
	b. No authority granted to: N/A		
Ĉ	ED HELMS		
Signatu	re of authorized representative Typed or printed name o Filing Fee: \$25.00	fsignature	3

Certified Copy: \$30.00 (optional)

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