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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(D.	-ciacas Estitu Nasas	
(BC	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
	_	
Special Instructions to	Filing Officer.	





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FIL 2: 26
2023 AUG 16 PH 2: 26

COVER LETTER

Div	rision of Corporations		
SUBJECT:	MJ LH 126 NW 10 AVE LLC		
	Name of	Limited Liability Con	npany
Dear Sir or M	Madam:		
The enclosed	1 Statement of Authority and fee(s) ar	e submitted for filing	
Please return	all correspondence concerning this n	natter to the following	3:
Marlene Leo	on-Rubido, Esq.		
	Name of Person		-
	Firm/Company		-
850 NW 42	Avenue, Suite 205		
	Address		-
Miami, Flori	da 33126		
	City/State and Zip Code		
juan@305int	1.com		
E-m	nail address: (to be used for future ann	ual report notification	<u></u>
For further in	formation concerning this matter, ple	ase call:	
Marlene Leon	n-Rubido, Esq.	305 at (596-2211)
	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

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant to authority:	section 605.0302(1), Florida Statu	ites, this limited liability	company submits the following	g statement of
FIRST: 7	he name of the limited liability con	npany is: MJ LH 126 N	W 10 AVE LLC	
SECOND	The Florida Document Number o	f the limited liability co	mpany is:	
	The street address of the limited liab 50 Crandon Blvd, Suite 32-115	bility company's princip	oal office is:	
K -	cy Biscayne, Florida 33149			
	The mailing address of the limited I 50 Crandon Blvd., Suite 32-115	liability company's prin	cipal office is:	
K	ey Biscayne, Florida 33149			
position of person on	This statement of authority grants a person in a company, whether as he following: May execute an instrument transfar. Granted to:	a member, transferee, n	nanager, officer or otherwise or din the name of the company.	2023 AUG 16 PH C. C. S. STATELLANASSEE. FLORIDA
	b. No authority granted to: written consent and join		ompany, without the express	FLORIDA
2.	May enter into other transactions a. Granted to:	s on behalf of, or otherw	rise act for or bind, the company	y .
	b. No authority granted to:		ompany, without the express	· .
0	Junt		Juan De La F	
Signature	F	iling Fee: \$25.00 Certified Copy: \$30.00	Typed or printed name of si (optional)	gmature

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