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10/04/23--01026--004 **55.00



COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	Ideal Trends Group LLC		
SUBJECT		ed Liability Compa	iny
Dear Sir or	Madam:		
The enclose	d Statement of Authority and fee(s) are sub	f mitted for filing.	
Please retur	n all correspondence concerning this matte	to the following:	
Roseli Mar	tins Pereira		
	Name of Person	· 	
Ideal Trend	ls Group LLC		
	Firm/Company		
13211 Rea	ns Road Ste 120		
	Address		
Windermer	e. FL 34786		
	City/State and Zip Code	 .	
adm@idea	builder.net		
E-	mail address: (to be used for future annual	report not fication)	
For further	information concerning this matter, please of	call:	
Roseli Mar	tins Pereira	407	967-3672
	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

nority:	nited liability company is: Ideal Trends Group LLC	-
Corr. The name of the file	nted hability company is:	
COND: The Florida Doc	ument Number of the limited liability company is: L220000	11932
HIRD: The street address of 13211 Reams Road	of the limited liability company's principal office is: Ste 120	
Windermere, FL 34	786	
	ss of the limited liability company's principal office is: Ste 120	7023 OCT -4 FM 1
Windermere, FL 34	786	전 <u>함</u> 건설 호
a. Grante	d to: Roseli Martins Pereira	
b. No auti	nority granted to:	
2. May enter into	other transactions on behalf of, or otherwise act for or bind,	
	d to: Roseli Martins Pereira	
b. No aut	nority granted to:	
·	Roseli Martins Pe	ereira
ignature of authorized renres	tentative i viigo ar nemos	d name of signature
ignature of authorized repres	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	d name of signature