# L 23000379341

(Requestor's Nam	e)			
(Address)	<del></del>			
(Address)				
(City/State/Zip/Pho	one #)			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certifica	tes of Status			
Special Instructions to Filing Officer:				

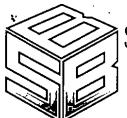
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# STEIN, BENDER & BROOKLAND

Attorneys & Counselors at Law

1820 N.E. 163™ Street, Suite 100 North Miami Beach, Florida 33162 TEL: (786) 248-1000 FAX: (786) 248-1004

	Regular Mail Federal Express Mail / Tracking No. 774736723332
January	9, 2023
Divisio P.O. Bo	ation Section on of Corporations ox 6327 assec, FI, 32314
RE:	MS TRUST PROPERTY, LLC Document Number L23000379341
To Who	om It May Concern.
process	ed please find Check #9794 in the amount of \$25.00 payable to the Florida Department of State to the enclosed Statement of Authority filing for MS Trust Property LLC which entity bears—State ent Number L23000379341.
	hesitate to contact me with any questions or concerns and thank you in advance for your prompt ince with this request.
Sincere	Ly.
	ERIC P. STEIN, ESQ. E-MAIL: eric@epslaw.com
⊠.	AMANDA H. BENDER, ESQ. E-MAIL: amanda@epslaw.com
	EPS/ca

#### **COVER LETTER**

MS TRUST PROPERTY, LI SUBJECT:	.C	
	ime of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Statement of Authority and f	ec(s) are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
GLORIA STERENTAL		
Name of Person		
Firm/Company		
1361 97th Street		200 Se
Address		TACH TORE
Bay Harbor Islands, FL 33154		
City/State and Zip Code		Y C
gloria.sterental@gmail.com		2021 JAN 16 PM 1: 02 SECRETARY OF STATE TALLAHEESEE.FL
E-mail address: (to be used for fu	ture annual report notification)	D2
For further information concerning this ma	atter, please call:	
Gloria Sterental	305 308-9369	
Name of Person		elephone 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

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST:	The name of	of the limited liability company is: MS TRUST PROPERTY, LLC	
SECON	D. The Flor	rida Document Number of the limited liability company is: L2300037934	1
		address of the limited liability company's principal office is:	
	Bay Harbor	Islands, FL 33154	<del></del>
	The mailin	ng address of the limited liability company's principal office is:  Street  Islands, FL 33154  tement of authority grants or sets limitations of authority on all persons ha	2024 JAN SEGRET
	Bay Harbor	Islands, FL 33154	ARY OF
	H: This state of a person in the following	are company, whether as a member, transferce, manager, officer of other	ving the status of vise or to a specific
	1. May ex	Granted to:  Survivor of them	• •
	b.	No authority granted to:	
	2. May er a.	nter into other transactions on behalf of, or otherwise act for or bind, the confidence of the confide	ompany.
	b.	No authority granted to:	<del>-</del>
Signatur	July e of authoriz	ced representative Classica 5+e	rental ne of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)