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**20000000 13016**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 SEP 12 AM 10:28

SEP 12 10 28 AM  
TALLAHASSEE, FL 32301

**SULKER**  
SEP 20 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Action Cappa, 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:

Ira B. Price

\_\_\_\_\_  
Name of Person

Ira B. Price, P.A.

\_\_\_\_\_  
Firm/Company

9560 SW 107 Ave. #202

\_\_\_\_\_  
Address

Miami, Florida 33176

\_\_\_\_\_  
City/State and Zip Code

iprice@legaltitleservices.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ira Price

305  
\_\_\_\_\_  
at ( )

670 3030

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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: Action Cappa, LLC

SECOND: The Florida Document Number of the limited liability company is: L00000013016

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

9560 S.W. 107 Ave # 202

Miami, Flroida 33176

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

9560 S.W. 107 Ave. #202

Miami, Florida 33176

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.

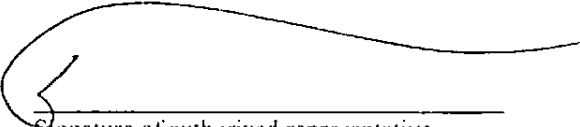
a. Granted to: Zachary C. Price

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Zachary C. Price

b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

Ira B. Price, Manager

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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