

LO3000042982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

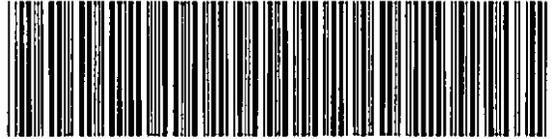
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAP5000, 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:

Robert M. Kramer, Esq.

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

Kramer Green, et al

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

4000 Hollywood Blvd., Suite 485S

\_\_\_\_\_  
Address

Hollywood, FL 33021

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

jdg8415@aol.com

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

For further information concerning this matter, please call:

Robert M. Kramer

954

966-2112

\_\_\_\_\_  
Name of Person at ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code Daytime Telephone Number

*please return  
certified copy.  
Thank you.*

**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 the limited liability company is: CAP5000, LLC

SECOND: The Florida Document Number of the limited liability company is: L03000042982

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

841 Hollywood Blvd.

Hollywood, FL 33019

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

841 Hollywood Blvd.

Hollywood, FL 33019

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, selling, leasing or financing real property held in the name of the company.

a. Granted to: at least 2 of the following persons - Rachel (Claudine) Haggiag;

Mylene Schrager; and Carol Haggiag

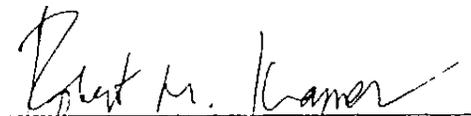
b. No authority granted to: John Haggiag

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

a. Granted to : either Rachel (Claudine) Haggiag or Mylene Schrager

b. No authority granted to: John Haggiag

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STATE OF FLORIDA  
ALLIANCE

  
Signature of authorized representative

Robert M. Kramer, Attorney  
Typed or printed name of signature