

L050000018221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

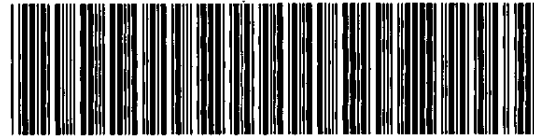
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MSR-2 Investments, 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:

Patrick B. Casey, J.D., CPA

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

Casey Law Group, P.L.

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

P.O. Box 2527

\_\_\_\_\_  
Address

Bonita Springs, FL 34133

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

patrick@caseylawoffice.com

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

For further information concerning this matter, please call:

Patrick B. Casey

at (

239

498-6999

\_\_\_\_\_  
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: MSR-2 Investments, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L05000018221

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

1509 Railhead Boulevard

Naples, FL 34110

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

same as above

**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: Mandy S. Romanelli

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: Mandy S. Romanelli

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

Mandy S. Romanelli  
Signature of authorized representative

Mandy S. Romanelli  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)



**VIA First Class U.S. Mail**  
Addressed As Below

April 11, 2017

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

RE: Statement of Authority  
MSR-2 Investments, LLC  
Document L05000018221

Dear Deputy Clerk:

Enclosed in the following:

- Your standard cover letter re: Statement of Authority;
- Statement of Authority on behalf of MSR-2 Investments; and
- Check payable to the Division of Corporations

Please cause the Statement of Authority to be recorded in the public records of the Division.

Sincerely,

For the Firm

A handwritten signature in black ink, appearing to be "Patrick B. Casey", is written over the text "For the Firm".

Patrick B. Casey, J.D., CPA  
Counselor and Attorney at Law

cc: file w/encl  
encl.: As Stated  
Document2