

L06000012875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

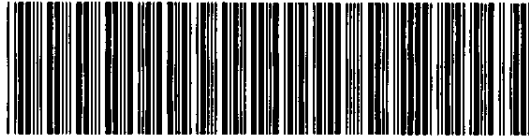
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN 26 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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KUSHNER LAW, P.L.

January 21, 2015

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

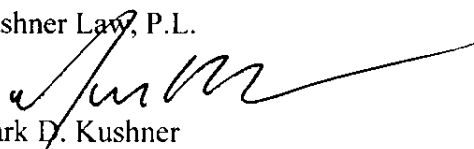
Re: Statement of Authority
Metro Capital Funding, LLC
L06000012879

To Whom It May Concern:

Attached hereto is an original Statement of Authority for Metro Capital Funding, LLC along with a copy of same and a law firm check in the amount of \$55.00 for the filing and certified copy fees associated therewith.

Kindly record the Statement of Authority and forward the certified copy of same to my attention at the address listed below. Do not hesitate to contact me in the event you have any questions.

Kushner Law, P.L.



Mark D. Kushner
For the firm

Enclosures

CC: Richard Frisina (via e-mail)

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: METRO CAPITAL FUNDING, LLC

SECOND: The Florida Document Number of the limited liability company is: LO 6000012879
74-3162590 [EIN]

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

6820 QUEENFERRY CIR
BOCA RATON FL 33496

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

(SAME)

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: RICHARD FRISINA MEMO

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: RICHARD FRISINA

b. No authority granted to: _____

[Signature]
Signature of authorized representative

RICHARD FRISINA
Typed or printed name of signature

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