

L08000051753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

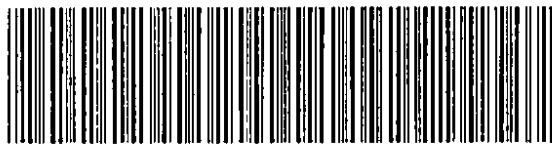
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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09/23/20--01024--012 **55.00

SEP 23 PM 2:21
SEP 23 PM 11:12

C. GOLDEN

SEP 24 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MAK-C112, LLC

Signature _____

Requested by: Seth

09/22/20

Name _____

Date

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- ☒ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- ☒ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAK-C 112, 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:

Liliana V. Swellon
Name of Person

Liliana V. Swellon P.A.
Firm/Company

9950 SW 107 Ave #204
Address

Miami, FL 33176
City/State and Zip Code

LA@LAPALAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liliana V. Swellon at (305) 271-3760
Name of Person Area Code Daytime Telephone 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 the limited liability company is: MAK-C112, LLC

SECOND: The Florida Document Number of the limited liability company is: LD8000051753

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

12550 Biscayne Blvd #311
North Miami, FL 33181

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

12550 Biscayne Blvd #311
North Miami, FL 33181

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: Ilija Bajovic

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: Ilija Bajovic

b. No authority granted to: _____

[Signature]
Signature of authorized representative

MICHEL ZADENBERG
Typed or printed name of signature

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