## LA900006510

(Re	questor's Name)	
(Ad	dress)	
`	,	
(Ad	dress)	
(Cit	:y/State/Zip/Phone #	f)
PICK-UP	MAIT	MAIL
	The state of the s	
(Bu	siness Entity Name	)
	in the state of th	
(Do	cument Number)	
Certified Copies	Certificates o	f Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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05/05/15--01020--018 \*\*25.00

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NN 08 2015 **O. BRUCE** 

## COVER LETTER

TO: Registration Section Division of Corporations		:
SUBJECT: 2M&H, 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:		
Christopher A. Roche		
Name of Person		
Law Office of Christopher A. Roche		
Firm/Company		
229 N. Collier Boulevard		
Address	. ~	2
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Marco Island, FL 34145	na y	e (f.)
City/State and Zip Code	į <del>-</del>	C *********
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croche@marcolawoffice.com		2 17
E-mail address: (to be used for future annual report notification)	ှိ ပ	
	7 ×	. Verseerel D
For further information concerning this matter, please call:	<sup>रा</sup> <b>ट</b>	•
Christopher A. Roche at (239) 389-0700		
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

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

Pursuant to section 60 authority:	5.0302(1), Florida Statutes, this limited liability company submits the following statement of
FIRST: The name of	the limited liability company is:
SECOND: The Flori	da Document Number of the limited liability company is: 1,0900006510
THIRD: The street a	ddress of the limited liability company's principal office is:
229 N.	Collier Boulevard
	Island, FL 34145
-Marin	181dHII, FH 34141
The mailin	g address of the limited liability company's principal office is:
229 N.	Collier Boulevard
Março	Island, FL 34145
	· ·
a.	ecute an instrument transferring real property held in the name of the company.
2 May as	the into other transcrience on hobelf of or otherwise cut for an hind the common
·	ter into other transactions on behalf of, or otherwise act for or bind, the company.
a.	Granted to: Samy Shlomo Maman, Melanie Kleine and
	Christopher A. Roche, all of whom may sign independently without joinder of any other manager.
b.	No authority granted to:
Obeler	Samy Shlomo Maman
Signature of authoriz	ed representative  Typed or printed name of signature  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)

CR2E138 (2/14)