

LD9100083325

(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



300272543303

300272543303
05/12/15--01026--004 **30.00

300272543303
05/12/15--01026--003 **25.00

FILED
2015 MAY 12 PM 3:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 19 2015
J. BRUCE

LAW OFFICES OF CHRISTOPHER A. ROCHE

SAND DOLLAR PLAZA
229 NORTH COLLIER BOULEVARD
MARCO ISLAND, FLORIDA 34145

Christopher A. Roche
Attorney at Law

Telephone (239) 389-0700
Facsimile (239) 389-0800

April 30, 2015

Florida Department of State
Limited Liability Company
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

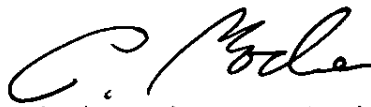
Re: Filing Documents for MS &
IC, LLC, a Florida
limited liability company

Gentlemen:

Enclosed please find the Statement of Authority, together with a checks in the amount of \$25.00 and \$30.00 made payable to your order to cover filing of the document. Request is made that a certified copy of the Statement of Authority be returned to this office in the enclosed postage paid return addressed envelope.

Thank you for your time and efforts in this matter.

Sincerely,



Christopher A. Roche

FILED
2015 MAY 12 PM 3:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Enclosures

CAR/mmng
g:\data\wpdoc\file\09f014\043015a

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MS & IC, 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

Marco Island, FL 34145
City/State and Zip Code

croche@marcolawoffice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

FILED
2015 MAY 12 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MS & IC, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000083325

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

229 N. Collier Boulevard, Marco Island, FL 34145

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

229 N. Collier Boulevard, Marco Island, FL 34145

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: Samy Shlomo Maman, Christopher A. Roche
and Melanie Kleine. All of whom may sign
independently without joinder of any other

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: Samy Shlomo Maman, Christopher A. Roche
and Melanie Kleine. All of whom may sign
independently without joinder of any other manager.

b. No authority granted to: _____


Signature of authorized representative

Samy Shlomo Maman
Typed or printed name of signature

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

2015 MAY 12 PM 3:53

FILED

SECRETARY OF STATE
TALLAHASSEE FLORIDA