

# L09000 100 472

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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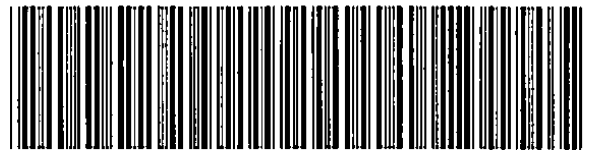
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MB TRUST, 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:

DR. MOHAMED BAAJ

Name of Person

MB TRUST, LLC

Firm/Company

13932 NW 13TH STREET

Address

PEMBROKE PINES, FL 33028

City/State and Zip Code

mbtrustllc@yahoo.com

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

For further information concerning this matter, please call:

DR. MOHAMED BAAJ

Name of Person

954

Area Code

5059151

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: MB TRUST, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L09000100472

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

13932 NW 13TH STREET

PEMBROKE PINES, FL 33028

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

13932 NW 13TH STREET

PEMBROKE PINES, FL 33028

**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.

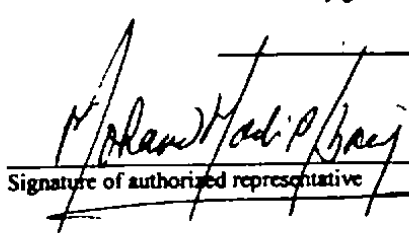
a. Granted to: DR. MOHAMED BAAJ OR HIBA ALTABBA

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: DR. MOHAMED BAAJ OR HIBA ALTABBA

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

  
Signature of authorized representative

DR. MOHAMED BAAJ

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2019 JUL 29 AM 8:00

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