# L12000078799

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K. SALY FEB 1 2018

## COVER LETTER

TO: Registration Section Division of Corporations

# SUBJECT: \_\_\_\_\_\_

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:

PAUL FELDMAN, ESQ.

Name of Person

PAUL FELDMAN, P.A.

Firm/Company

2750 NE 185TH STREET, SUITE 203

Address

AVENTURA, FL 33180

City/State and Zip Code

# PAUL@FELDMANCLOSINGS.COM

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

For further information concerning this matter, please call:

PAUL FELDMAN, ESQ.	305	931.0433
	_ at (	)
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 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: MBM INVESTMENTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000078799 THIRD: The street address of the limited liability company's principal office is: 21332 W. DIXIE HIGHWAY AVENTURA, FL 33180 The mailing address of the limited liability company's principal office is: 21332 W. DIXIE HIGHWAY AVENTURA, FL 33180 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. Granted to: PAUL FELDMAN, ESQ. No authority granted to: 1.5 May enter into other transactions on behalf of, or otherwise act for or bind, the company. 2. Granted to : No authority granted to:

· Signature of authorized representative

MICHAEL BENMELEH

Typed or printed name of signature

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