

L13000052592

(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: Assisted Investments, 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:

Paul B. Moll
Name of Person

Assisted Investments, LLC
Firm/Company

7210 6th CT S.E.
Address

Vero Beach, FL 32962
City/State and Zip Code

FPVCBRAD1@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul B. Moll at (772) 979-0140
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

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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: Assisted Investments, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000052592

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

2210 6th CT SE
Vero Beach, FL 32962

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

2210 6th CT SE
Vero Beach, FL 32962

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of 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: Paul B. Moll

b. No authority granted to: Fonda M. Moll
Marco D. Fontani

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Paul B. Moll

b. No authority granted to: Fonda M. Moll
Marco D. Fontani

Paul B. Moll

Signature of authorized representative

Paul B. Moll

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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