

L14000059584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

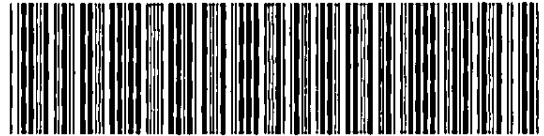
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

S. WARREN

NOV 07 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MAC37, LLC

Signature _____

Requested by: SETH

11/02/17

Name

Date

Time

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____ Art of Inc. File _____
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____ RA Resignation _____
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____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
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____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAC37, 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:

ALEXANDER B. ROTBART

Name of Person

THE ROTBART LAW GROUP, PA

Firm/Company

101-103 E. PALMETTO PARK ROAD

Address

BOCA RATON, FL 33432

City/State and Zip Code

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

For further information concerning this matter, please call:

ALEXANDER B. ROTBART

Name of Person

at (

561

)
Area Code

922-3217

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: MAC37, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000059584

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

145 Yacht Club Way Apt. 204 Hypoluxo, FL 33462

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

145 Yacht Club Way Apt. 204 Hypoluxo, FL 33462

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.

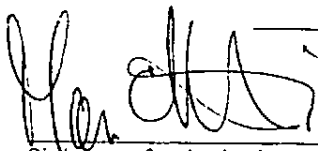
a. Granted to: SUSANNA GREENBERG

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: SUSANNA GREENBERG

b. No authority granted to: _____



Signature of authorized representative

MARC CEFARATTI

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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