

U14000180524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

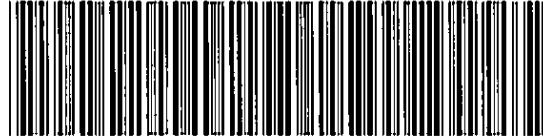
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800356083408

12/08/20--01008--010 **55.00

FILED
2020 DEC -8 PM 8:37
2020 DEC -8 AM 8:37

CAPITAL CONNECTION, INC.

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

MMK 405, LLC

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- ☒ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations
MMK 405, LLC

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:

Grisel Morales, Esq.

Name of Person

Law Offices of Grisel Morales, P.A.

Firm/Company

7355 SW 87th Ave Ste 200

Address

Miami, FL 33173

City/State and Zip Code

grisel@moralespa.com

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

For further information concerning this matter, please call:

Grisel Morales

305

403-0641

at ()

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

MMK 405, LLC

FIRST: The name of the limited liability company is: _____

SECOND: The Florida Document Number of the limited liability company is: L14000180524

THIRD: The street address of the limited liability company's principal office is:
C/O Law Offices of Grisel Morales, P.A.

7355 SW 87th Ave Ste 200

Miami, FL 33173

The mailing address of the limited liability company's principal office is:
C/O Law Offices of Grisel Morales, P.A.

7355 SW 87th Ave Ste 200

Miami, FL 33173

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.

Melany Belussi

a. Granted to: _____

b. No authority granted to: _____

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

Melany Belussi

a. Granted to: _____

b. No authority granted to: _____


Signature of authorized representative

Grisel Morales, Esq.

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2020 DEC -8 AM 8:37

FILED