

L14000188437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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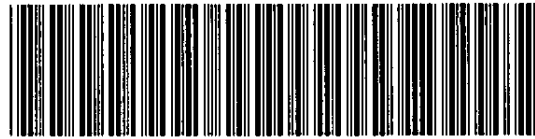
(Business Entity Name)

(Document Number)

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Date: 12/22/2016

Account #: I20000000088

Name: Marisa Kugelman

Reference #: B083415

ENTITY NAME: MANACA MONARCH CENTER, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Annual Report
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: _____

Please return a copy of this cover sheet with the evidence.

Authorized Amount: _____

\$25

*If authorized amount is not correct, please call
Michelle at 518-213-0737 for approval.
Thanks!

Signature: _____

Marisa Kugelman

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301

Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200

E-Mail: info@nationalcorp.com Website: www.nationalcorp.com

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: Manaca Monarch Center, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000188437

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

2100 Ponce de Leon Boulevard

Suite 960

Coral Gables, FL 33134

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

2100 Ponce de Leon Boulevard

Suite 960

Coral Gables, FL 33134

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: Danielle El-Naffy

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: Danielle El-Naffy or Maya El-Naffy

b. No authority granted to: _____


Signature of authorized representative

Hani El-Naffy, President

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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