

L15 0000 84047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Seal of the State of Florida
TALLAHASSEE, FL

JUL 24 2021
J. KIRSEY

COVER LETTER

TO: Registration Section
Division of Corporations

MA CAPITAL INVESTMENT PLUS, 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:

ANIEL JEROME

Name of Person

MA CAPITAL INVESTMENT PLUS, LLC

Firm/Company

6901 OKEECHOBEE BLVD K3

Address

WEST PALM BEACH, FL 33411

City/State and Zip Code

Macapitalinvestment@gmail.com

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

For further information concerning this matter, please call:

ANIEL JEROME

561 502-3684
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:

FIRST: The name of the limited liability company is: MA CAPITAL INVESTMENT PLUS, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000084047

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

6901 OKEECHOBEE BLVD K3

WEST PALM BEACH FL 33411

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

6901 OKEECHOBEE BLVD K3

WEST PALM BEACH FL 33411

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: Aniel Jerome

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: Aniel Jerome

b. No authority granted to: _____



Signature of authorized representative

Aniel Jerome

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)