

L18000000828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

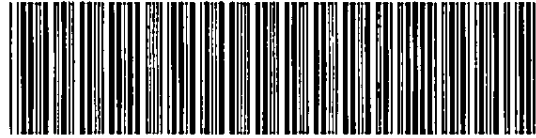
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MACON INVEST, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

MARC VAN LACKER & CONNY SANDER

Name of Manager

MACON INVEST, LLC

Name of Company

6994 David Blvd

Address of Company

Port Charlotte, FL 33981

City/State and Zip Code

E-mail Address of Manager

For further information concerning this matter, please call:

Anne Whitmarsh at

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

This instrument Prepared By and Return To:
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM
John L. Wideikis, Esq.
3195 S. Access Road
Englewood, FL 34224

2022 JUN 19 4:11:20

STATEMENT OF AUTHORITY

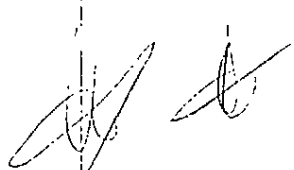
Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 10 day of JANUARY, 2021, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

- FIRST:** The name of the limited liability company is: **MACON INVEST, LLC**
- SECOND:** The Florida Document Number of the limited liability company is: **L18000000828**
- THIRD:** The street address of the limited liability company's principal office is: **6994 David Blvd, Port Charlotte, FL 33981**

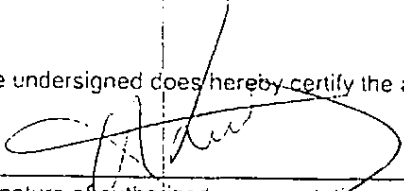
The mailing address of the limited liability company's principal office is: **6994 David Blvd, Port Charlotte, FL 33981**

- 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 matters enumerated below:

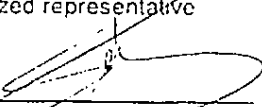
1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
 - a. Granted to: **MARC VAN LACKER and CONNY SANDER**, as Managers.
 - b. No authority granted to:
2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.
 - a. Granted to: **MARC VAN LACKER and CONNY SANDER**, as Managers.
 - b. No authority granted to:



The undersigned does hereby certify the accuracy of the statements set forth herein.


Signature of authorized representative

MARC VAN LACKER, as Manager
Printed name and position title


Signature of authorized representative

CONNY SANDER, as Manager
Printed name and position title

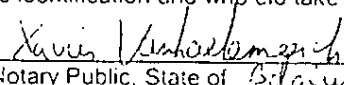
STATE OF

Belgium

COUNTY OF

Belgium Dist - Vlaanderen

The foregoing instrument was acknowledged before me by means of () physical presence or online notarization, this 10 day of January, 2022 by MARC VAN LACKER and CONNY SANDER, as Managers of MACON INVEST, LLC, a Florida limited liability company, who is/are personally known to me or who has/have produced _____ as identification and who did take an oath.


Notary Public, State of Belgium
My Commission Expires: in expiration
(Seal)

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