

L18000107447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

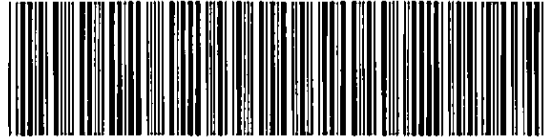
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITALIS USA XII 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:

CAPITALIS HOLDINGS, LLC a Florida limited liability company

Name of Manager

CAPITALIS USA XII LLC

Name of Company

2637 E. Atlantic Blvd, Ste. 22509

Address of Company

Pompano Beach, FL 33062

City/State and Zip Code

sean@capitalis.co.il

E-mail Address of Manager

For further information concerning this matter, please call:

Alison Marsicovetere at 941-627-1000

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

20 APR 27 12:44 PM '07

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

20 APR 21 9:42:32

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 17 day of APRIL, 2020, 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: **CAPITALIS USA XII LLC**

SECOND: The Florida Document Number of the limited liability company is: **L18000107447**

THIRD: The street address of the limited liability company's principal office is: **2637 E. Atlantic Blvd, Ste. 22509, Pompano Beach, FL 33062**

The mailing address of the limited liability company's principal office is: **2637 E. Atlantic Blvd, Ste. 22509, Pompano Beach, FL 33062**

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: SEAN BLOCK, as Manager of CAPITALIS HOLDINGS, LLC, a Florida limited liability company, as Manager.
 - 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: SEAN BLOCK, as Manager of CAPITALIS HOLDINGS, LLC, a Florida limited liability company, as Manager.
 - b. No authority granted to:



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

Sean Block
Signature of authorized representative

SEAN BLOCK, as Manager of CAPITALIS HOLDINGS, LLC, a Florida limited liability company, as Manager
Printer name and position title

STATE OF Israel
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 17 day of April, 2020 by SEAN BLOCK, as Manager of CAPITALIS HOLDINGS LLC, a Florida limited liability company, the Manager of CAPITALIS USA XII LLC, a Florida limited liability company, who is/are personally known to me or who has/have produced J.D. (Driver's License) as identification and who did take an oath.

Moshe Bash
Notary Public, State of IL
My Commission Expires: _____
(Seal) LI NOTARY MOSHE BASH NOTARY of. Isr.

