## L18000107447

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## **COVER LETTER**

TO: Registration Section Division of Corporations

Dear Sir or Madam:

SUBJECT: CAPITALIS USA XII LLC

Name of Limited Liability Company

ar Sir or Madam:

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

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## STATEMENT OF AUTHORITY

Pursuant to 605.0302,	Florida	Statutes, this limite	ed 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	n the da	te of this Statement	t 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.

	Tip
Signature of authorized representative	SEAN BLOCK, as Manager of CAPITALIS HOLDINGS, LLC, a Florida limited liability company, as Manager Printer name and position title
Signature of authorized representative	ranter hame and position the
STATE OF	
online notarization, this 1+ day of 7/1/15 HOLDINGS LLC, a Florida limited liability company, who is/are personally	edged before me by means of physical presence or, 2020 by SEAN BLOCK, as Manager of CAPITALIS pany, the Manager of CAPITALIS USA XII LLC, a Florida known to me or who has/have produced identification and who did-take amount.    Notary Public, State of Table (Seal)   My Commission Expires;   My Commission Expir
	ON *