## 119000066862

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	<i>⊋</i> #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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## COVER LETTER

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ne Number
ie Number

## STATEMENT OF AUTHORITY

authority:	o section 605.0302(1), Florida Statutes, this limited liability company submits the followi	
FIRST:	The name of the limited liability company is: MB INVESTME NTS FLORIDA,	LLC
SECONE	e: The Florida Document Number of the limited liability company is: L1900006686	52
THIRD:	The street address of the limited liability company's principal office is:  1465 Gene Street	
-	Winter Park, FL 32789	2019 HAY 13 SECRE 14 TO TAKE
-	The mailing address of the limited liability company's principal office is:	13 PH 12: 15
-	1465 Gene Street Winter Park, FL 32789	2: 15
ا	May execute an instrument transferring real property held in the name of the company     a. Granted to:	
	b. No authority granted to: Justine Blair , Genesis Blai	r
	(Must have majority per executed operating agr	
:	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp	
	a. Granted to:	
	b. No authority granted to: <u>Justine Blair</u> , <u>Genesis Blair</u> (must have majority per executed operating	
	m - Br. Mannut	Blei-
Signature	of authorized representative  Typed or printed name of S25.00	f signature

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)