

L1900012774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

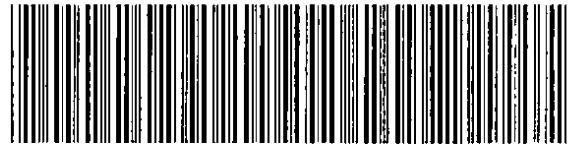
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 82 INVESTMENTS LLC  
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:

MASSOOD ALI

Name of Person

Firm/Company

9634 BLUE STONE CIRCLE

**Address**

FORT MYERS FLORIDA 33903

City/State and Zip Code

MASSOOD786@GMAIL.COM

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

**For further information concerning this matter, please call:**

MASSOOD ALI at ( 516 ) 3023318  
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: 82INVESTMENTS LLC

**SECOND:** The Florida Document Number of the limited liability company is: L19000127774

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

15569 ALTON DRIVE

FORT MYERS, FLORIDA 33908

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

15569 ALTON DRIVE

FORT MYERS, FLORIDA 33908

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**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.

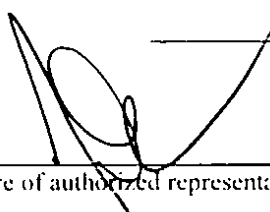
a. Granted to: MOHAMMED ZAHRAN AND MASSOOD ALI AND FARID  
ABDEL-QUADER UNANIMOUSLY

b. No authority granted to: MOHAMMED ZAHRAN OR MASSOOD ALI  
OR FARID ABDEL-QUADER, INDIVIDUALLY

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: \_\_\_\_\_

b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

MASSOOD ALI

\_\_\_\_\_  
Typed or printed name of signature

**Filing Fee: \$25.00**

**Certified Copy: \$30.00 (optional)**