

# L190000138842

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

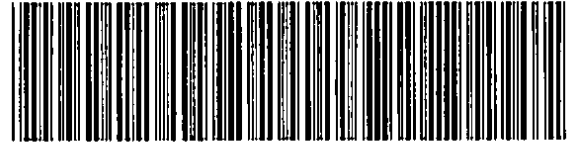
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



## 100368335971

### RECEIVED

JUN 28 2021

06/29/21--01025--001 \*\*125.00

## FILED

2021 JUN 28 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MNS ALPHA II 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:

Francois Boisson

Name of Person

MNS ALPHA II LLC

Firm/Company

1680 Michigan Ave Ste 700

Address

Miami Beach FL 33139

City/State and Zip Code

tboisson@moneyneversleeps.us

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

For further information concerning this matter, please call:

Connie Amado

305

389-3545

Name of Person

at ( )

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: MNS ALPHA II LLC

**SECOND:** The Florida Document Number of the limited liability company is: L19000138842

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

1680 Michigan Ave Ste 700

Miami Beach FL 33139

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

1680 Michigan Ave Ste 700

Miami Beach FL 33139

**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

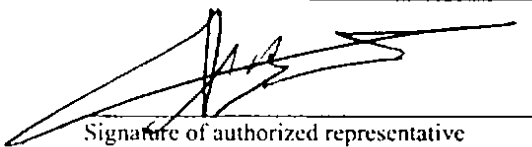
a. Granted to: TODD A. SIMS

b. No authority granted to: N/A

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

a. Granted to: TODD A. SIMS

b. No authority granted to: N/A

  
Signature of authorized representative

FRANCOIS BOISSON

Typed or printed name of signature

Filing Fee: **\$25.00**

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JUN 28 AM 11:48

FILED