

L20000030944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C. GOLDEN

SEP 15 2020

2020 SEP 14 PM 12:47
FBI - LOS ANGELES

2020 SEP 14 PM 9:07



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **September 14, 2020**

Account#: 120000000088

Name: **David Shulman**

Reference #: **1264323**

Entity Name: **ACRUVA CAPITAL PARTNERS II, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES? CALL

David:

850-270-0082

Authorized Amount: **\$25.00**

Signature: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACRUVA Capital Partners II, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jim Villarreal

Name of Person

Alliant Asset Management Company

Firm/Company

21600 Oxnard Street, Suite 1200

Address

Woodland Hills, CA 91367

City/State and Zip Code

entities@alliantcapital.com

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

For further information concerning this matter, please call:

Jim Villarreal 818 673-0875
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: ACRUVA Capital Partners II, LLC

2020 11 11 9:00

SECOND: The Florida Document Number of the limited liability company is: L20000030944

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

806 S. Military Trail

Deerfield Beach, FL 33442

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

806 S. Military Trail

Deerfield Beach, FL 33442

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.

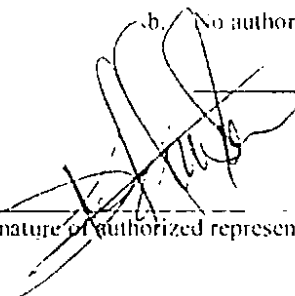
a. Granted to: Daniel F. Acosta

b. No authority granted to: _____

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

a. Granted to: Daniel F. Acosta

b. No authority granted to: _____



Signature of authorized representative

Daniel F. Acosta, Member

Typed or printed name of signatur

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)