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COVER LETTER

TO:		istration Section ision of Corporations		
0	> Z1481	MORITZ DIESEL, LLC		
SUBJE	sc i:	Name of Limit	ed Liability Com	pany
Dear Si	ir or N	Aadam:		
The end	closed	Statement of Authority and fee(s) are sub	mitted for filing.	
Please 1	return	all correspondence concerning this matter	r to the following	:
BRAN	IDON	F MORITZ		
		Name of Person		
MORI	TZ DI	ESEL, LLC		
		Firm/Company		•
902 O <i>f</i>	AK CI	IRCLE		
		Address		•
JUPITI	ER, F	L. 33458		
<u>-</u>		City/State and Zip Code		
FRANI	KIE@	MORITZDIESEL.COM		
	E-n	nail address: (to be used for future annual	report notification	n)
For furt	ther in	nformation concerning this matter, please	call:	
BRAN	IDON	FRANKIE MORITZ	772 at (214-4778
		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 follauthority:	lowing statement of
FIRST: The name of the limited liability company is: MORITZ DIESEL, LLC	
SECOND: The Florida Document Number of the limited liability company is: L20000310480	
THIRD: The street address of the limited liability company's principal office is: 902 OAK CIRCLE	
JUPITER, FL. 33458	
The mailing address of the limited liability company's principal office is: PO BOX 241	I FEB 1
JUPITER, FL. 33468	P
FOURTH: This statement of authority grants or sets limitations of authority on all persons have position of a person in a company, whether as a member, transferee, manager, officer or otherw person on the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: STEVEN EDWARD KAPLAN (MANAGER)	rise or to a specific pany.
b. No authority granted to:	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the coa. Granted to: STEVEN EDWARD KAPLAN (MANAGER)	
b. No authority granted to:	<u> </u>
Steven Edward K	<u> </u>
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	e of signature