

L20000360569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

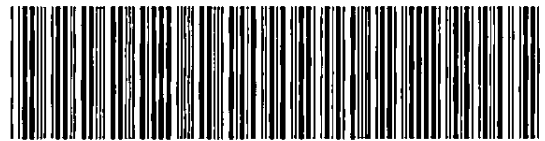
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **MF2 PARTNERS LLC**

*Name of Limited Liability Company*

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

**FREDRICK BENOIT**

*Name of Manager*

**MF2 PARTNERS LLC**

*Name of Company*

**2180 Immokalee Road, Suite 313**

*Address of Company*

**Naples, FL 34110**

*City/State and Zip Code*

*E-mail Address of Manager*

For further information concerning this matter, please call:

Kendal Canonico at

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

This instrument Prepared By and Return To:  
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM  
John L. Wideikis, Esq.  
3195 S. Access Road  
Englewood, FL 34224

INTENDED TO BE A TRUE &  
EXACT COPY OF ORIGINAL

*John L. Wideikis*

### STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this \_\_\_\_\_ day of \_\_\_\_\_, 2024, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: **MF2 PARTNERS LLC**

SECOND: The Florida Document Number of the limited liability company is: **L20000360569**

THIRD: The street address of the limited liability company's principal office is: **2180 Immokalee Road, Suite 313, Naples, FL 34110**

The mailing address of the limited liability company's principal office is: **2180 Immokalee Road, Suite 313, Naples, FL 34110**

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 matters enumerated below:

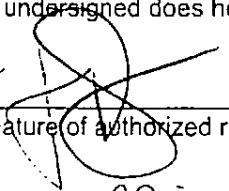
1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.

- a. Granted to: **FREDRICK BENOIT**, as Manager.
- b. No authority granted to:

2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.

- a. Granted to: **FREDRICK BENOIT**, as Manager.
- b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein.

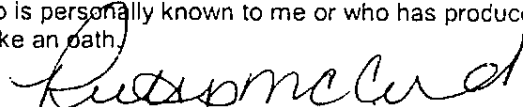
  
\_\_\_\_\_  
Signature of authorized representative

FREDRICK BENOIT, as Manager  
\_\_\_\_\_  
Printed name and position title

STATE OF Michigan  
COUNTY OF Chippewa

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 17 day of May, 2020 by FREDRICK BENOIT, as Manager of MF2 PARTNERS LLC, a Florida limited liability company who is personally known to me or who has produced FLB530250824 as identification and who did take an oath.

220

  
\_\_\_\_\_  
Notary Public, State of MI  
My Commission Expires: 02/09/2029  
(Seal)

RUTH D. McCORD, Notary Public  
Michigan, Chippewa County  
My Commission Expires 02/09/2029