

h21 0000 40359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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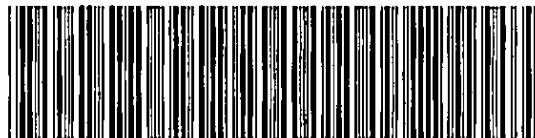
(Business Entity Name)

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TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2M CAPITAL GROUP, 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:

MATTHEW MCCUTCHEON

*Name of Manager*

2M CAPITAL GROUP, LLC

*Name of Company*

12995 S Cleveland Ave #219

*Address of Company*

FT Myers, FL 33907

*City/State and Zip Code*

Living Life Coastal E-mail. com

*E-mail Address of Manager*

For further information concerning this matter, please call:

Kendal Canonico at

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

**MAILING ADDRESS:**

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

CERTIFIED TO BE A TRUE &  
EXACT COPY OF ORIGINAL

*Fidal*

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

2021 OCT -4 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

### STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 28 day of September, 2021, 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: **2M CAPITAL GROUP, LLC**

**SECOND:** The Florida Document Number of the limited liability company is: **L21000040359**

**THIRD:** The street address of the limited liability company's principal office is: **12995 S Cleveland Ave #219, FT Myers, FL 33907**

The mailing address of the limited liability company's principal office is: **12995 S Cleveland Ave #219, FT Myers, FL 33907**

**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: **MATTHEW MCCUTCHEON**, 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: **MATTHEW MCCUTCHEON**, as Manager.
- b. No authority granted to:

