

L21000331783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

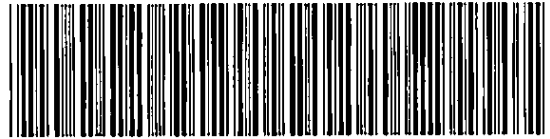
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 11 2021

COVER LETTER

TO: Registration Section
Division of Corporations
JM2 Funds, LLC

SUBJECT: _____
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:

Marc Poirier

Name of Person

Firm/Company

7222 Pine Valley Street

Address

Bradenton, FL 34202

City/State and Zip Code

mpoirier1220@icloud.com

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

For further information concerning this matter, please call:

Lisa Gonzalez Moore, Esq. 941 822-8780

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:

JM2 Funds, LLC

FIRST: The name of the limited liability company is: _____

1.21000331783

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

THIRD: The street address of the limited liability company's principal office is:
7222 Pine Valley Street, Bradenton, FL 34202

The mailing address of the limited liability company's principal office is:
7222 Pine Valley Street, Bradenton, FL 34202

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.

Marc Poirier

a. Granted to: _____

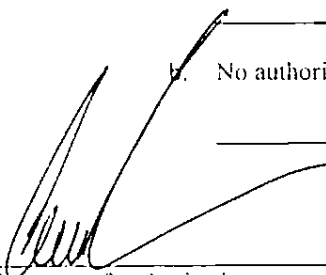
b. No authority granted to: _____

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

Marc Poirier

a. Granted to: _____

b. No authority granted to: _____



Signature of authorized representative

Marc Poirier

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)