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COVER LETTER

TO:	Registration Section - * * * Division of Corporations
SUBJE	M&J MOTO PLAYGROUND, LLC
	Name of Limited Liability Company
Dear S	ir or Madam:
The en	closed Statement of Authority and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Holly	M. Nikolich, Esq.
	Name of Person
Mika a	& Nikolich, P.A.
	Firm/Company
1330 N	Main St., 2nd Floor, Office 1
	Address
Saraso	nta, FL 34236
	City/State and Zip Code
holly@	Pmnfirm.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Holly	M. Nikolich, Esq. 941 345-7941 at ()
	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 following statement of authority: FIRST: The name of the limited liability company is: ______ M&J MOTO PLAYGROUND, LLC SECOND: The Florida Document Number of the limited liability company is: L22000449488 THIRD: The street address of the limited liability company's principal office is: 13407 N BRANCH RD. SARASOTA, FL 34240 The mailing address of the limited liability company's principal office is: 13407 N BRANCH RD. SARASOTA, FL 34240 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:_____ signatures are required for any real property interest transfer. b. No authority granted to: N/A 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: __ b. No authority granted to: Joshua Graber and Michael Goncalves Signature of authorized representative Typed or printed name of signature Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)