

L08000060683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

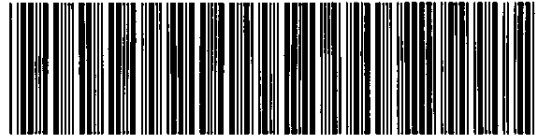
(Business Entity Name)

(Document Number)

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2015 SEP - 3 A 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 04 2015

S MASON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 774184 8720A

AUTHORIZATION



COST LIMIT : \$ 25.00

ORDER DATE : September 3, 2015

ORDER TIME : 3:32 PM

ORDER NO. : 774184-005

CUSTOMER NO: 8720A

RECEIVED  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATE SERVICES  
15 SEP - 3 PM 4:31  
TO AGENT/CLERK  
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ANNUAL REPORT FILING

NAME: ROYAL PALMS AT INVERRARY, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned-EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

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: ROYAL PALMS AT INVERRARY, LLC

SECOND: The Florida Document Number of the limited liability company is: L08000060683

THIRD: The street address of the limited liability company's principal office is:  
2900 NW 56 AVE.  
LAUDERHILL FL 33313

The mailing address of the limited liability company's principal office is:  
PO BOX 1710  
DANIA BEACH FL 33004

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.  
RUTH E. GERSTLE, MANAGER

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.  
RUTH E. GERSTLE, MANAGER

a. Granted to: \_\_\_\_\_  
\_\_\_\_\_

b. No authority granted to: \_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

*Ruth E Gerstle*  
Signature of authorized representative

RUTH E GERSTLE  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)