

LA000053384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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2015 MAR -4 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 19 2015
J. BRUCE

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: MIAL Properties, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000053384

THIRD: The street address of the limited liability company's principal office is:
895 College Pkwy., Suite 2440, Fort Myers, FL 33919

The mailing address of the limited liability company's principal office is:
895 College Pkwy., Suite 2440, Fort Myers, FL 33919

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: Cossett Garcia, Authorized Representative or
Michael Tyropolis, President


b. No authority granted to: _____

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

a. Granted to: Cossett Garcia, Authorized Representative or
Michael Tyropolis, President

b. No authority granted to: _____


Signature of authorized representative


Michael Tyropolis
Typed or printed name of signature

Filing Fee: \$25.00
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