

L 03000054234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

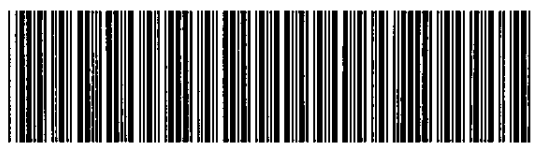
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 20 2015

R. WHITE

15 MAR 31 PM 2:58
TALLAHASSEE, FLORIDA

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: OP MANAGEMENT, LLC

SECOND: The Florida Document Number of the limited liability company is: L03000054234

THIRD: The street address of the limited liability company's principal office is:

4090 Enchanted Oaks Circle

Kissimmee, FL 34741

The mailing address of the limited liability company's principal office is:

4090 Enchanted Oaks Circle

Kissimmee, FL 34741

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.

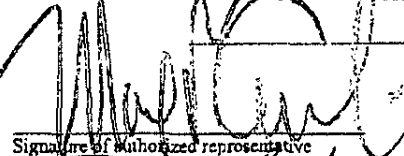
a. Granted to: Max P. Cawal or Bennet Grutman

b. No authority granted to: _____

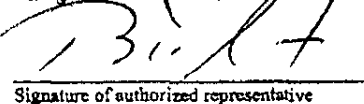
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Max P. Cawal or Bennet Grutman

b. No authority granted to: _____


Signature of authorized representative

Max P. Cawal
Typed or printed name of signature


Signature of authorized representative

Bennet Grutman
Typed or printed name of signature

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

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