## LD500001123

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Ві                     | isiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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15 NOV 25 PM 3: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOV 3 0 2015 S. YOUNG

## Distinctive Title Services, Inc.

12012 South Shore Boulevard, Suite 102, Wellington, Florida 33414
Phone 561-515-0832 Fax 561-515-0842

November 24, 2015

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re:

Seller:

Lypaca II, LLC

Our File No.:

15-173

Ladies/Gentlemen:

Please find enclosed our check in the amount of \$55.00 for the Statement of Authority for the above referenced LLC. Please forward a certified copy of the Statement of Authority using our FEDEX envelope provided.

Should you have any questions, please feel free to call us.

Sincerely,

Mary P. Gretel

**Escrow Officer** 

**Enclosures** 

FILED NOV 25 PX 3: CRETARY OF STA

## COVER LETTER

| TO: Registration Section Division of Corporations            |                      |   |              |      |
|--|----------------------|---|--------------|------|
| Lypaca II, LLC, a Florida Limited L                          | iability Cor         | mpany   |              |      |
| Name of Limited L  | iability Comp        | any   |              |      |
| Dear Sir or Madam:   |                      |   |              |      |
| The enclosed Statement of Authority and fee(s) are submitt   | ed for filing.       |   |              |      |
| Please return all correspondence concerning this matter to t | he following:        |   |              |      |
| Mary P. Gretel   |                      |   |              |      |
| Name of Person   |                      |   |              |      |
| Distinctive Title Services, Inc.                             |                      |   |              |      |
| Firm/Company   |                      |   |              |      |
| 12012 South Shore Boulevard, Suite 102                       |                      |   |              |      |
| Address  |                      |   |              |      |
| Wellington, Florida 33414                                    |                      |   |              |      |
| City/State and Zip Code                                      |                      |   |              |      |
| mgretel@distinctivetitle.com                                 |                      |   |              |      |
| E-mail address: (to be used for future annual repo           | rt notification)     | )   |              |      |
| For further information concerning this matter, please call: |                      | ₩.  | <u>ميب</u> ر |      |
| Mary P. Gretel   | 561                  | 515-0832  | . J          |      |
| Name of Person   | Area Code            | Daytime Telephone Number  | )¥ 2         |      |
|  |                      | in the second | 25           | ILED |
| STREET/COURIER ADDRESS:                                      | MAILING              | G ADDRESS:  |              |      |
| Registration Section   |                      | on Section  | ယ္           |      |
| Division of Corporations Clifton Building                    | Division of P.O. Box | of Corporations   | 02           |      |
| 2661 Executive Center Circle                                 |                      | ee, Florida 32314   | . •          |      |
| Tallahassee, Florida 32301                                   |                      | •   |              |      |

## STATEMENT OF AUTHORITY

| Company         | name of the limited liability company is: Lypaca II, LLC, a Florida Limited Lia   |               |
|-----------------|---|---------------|
| SECOND: TH      | ne Florida Document Number of the limited liability company is: L05000001123  |               |
|                 | street address of the limited liability company's principal office is:  | *****         |
|                 | Lakeview Avenue   |               |
| Pen             | thouse 5  |               |
| Wes             | st Palm Beach, Florida 33401  | TAS:          |
|                 | mailing address of the limited liability company's principal office is:  Lakeview Avenue  | CORETARY OF S |
|                 | thouse 5  |               |
| Wes             | st Palm Beach, Florida 33401 his statement of authority grants or sets limitations of authority on all persons having the   | 巴当            |
| person on the f | ollowing:  Any execute an instrument transferring real property held in the name of the company.  | status pr     |
| person on the f | orson in a company, whether as a member, transferce, manager, officer of otherwise of to<br>following:  | status pr     |
| person on the i | following:  May execute an instrument transferring real property held in the name of the company.  a. Granted to: Carlos G. Morrison, Manager and Thomas J.   | status of     |
| person on the i | following:  flay execute an instrument transferring real property held in the name of the company.  a. Granted to: Carlos G. Morrison, Manager and Thomas J.  Morrison, Manager   | a specific    |
| person on the i | Asy execute an instrument transferring real property held in the name of the company.  a. Granted to: Carlos G. Morrison, Manager and Thomas J.  Morrison, Manager  b. No authority granted to:  May enter into other transactions on behalf of, or otherwise act for or bind, the company.  a. Granted to: Carlos G. Morrison, Manager and Thomas J. | a specific    |