

LOS 000061775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

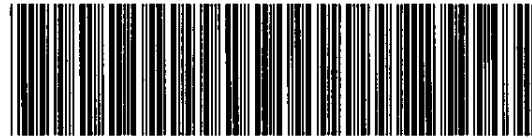
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800258002958

03/21/14--01031--017 \*\*25.00

FILED  
2014 MAR 21 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 24 2014

T CLINE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Flamingo Property Group, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Kinberg

Name of Person

Flamingo Property Group, LLC

Firm/Company

1290 W. Eau Gallie Blvd.

Address

Melbourne, FL 32935

City/State and Zip Code

mkinberg@kblegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Kinberg

at ( 321 )

259-1910

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

CR2E138 (2/14)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAR 21 PM 12:52

FILED

**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: Flamingo Property Group, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L05000061775

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

1290 w. Eau Gallie Blvd.

Melbourne, FL 32935

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

1290 W. Eau Gallie Blvd.

Melbourne, FL 32935

**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.

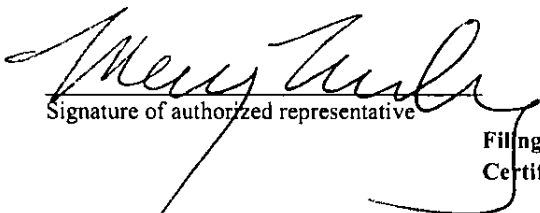
a. Granted to: Mary Kinberg ; Edward Kinberg

b. No authority granted to: No one else

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

a. Granted to: Mary Kinberg ; Edward Kinberg

b. No authority granted to: No one else

  
Signature of authorized representative

Mary Kinberg

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138(2/14)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAR 21 PM 12:52

FILED