

**L06000091397**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

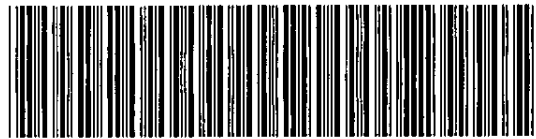
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**COHEN • KOTLER**

**Attorneys at Law**

Established 1984

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Edward B. Cohen • David C. Kotler • Michael I. Kotler\*

\*Also admitted in District of Columbia and Pennsylvania

November 9, 2016

**Sent Via Certified Mail - 7014 3490 0000 3019 1312 -**

**Return Receipt Requested**

**USPS Tracking No: 9590 9402 1964 6123 5176 58**

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Re: DTRT Insurance Group, LLC - Statement of Authority  
Our File Number: 36-306-44

Dear Sir/Mam:

Enclosed please find our law firm's checks totaling the amount of Thirty Five Dollars (\$35.00) for the filing of the enclosed Statement of Authority and for issuance of the certified copy for the above referenced limited liability company. Please file the Statement of Authority and return a copy of the filed Statement of Authority in the enclosed self addressed stamped envelope. Thank you for your assistance with this matter.

Very truly yours,



Michael I. Kotler

MIK/jk  
Encl.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 NOV 16 PM 5:02

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DTRT Management 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:

Michael I. Kotler, Esquire

Name of Person

Cohen Kotler, P.A.

Firm/Company

54 SW Boca Raton Boulevard

Address

Boca Raton, Florida 33432

City/State and Zip Code

matt@dtrtinsurance.com

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

For further information concerning this matter, please call:

Michael I. Kotler, Esquire

Name of Person

at (

561

Area Code

361-9600

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

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**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: DTRT Management Group, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L06000091397

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

12550 West Atlantic Boulevard

Coral Springs, Florida 33071

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

12550 West Atlantic Boulevard

Coral Springs, Florida 33071

**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: Matthew as Geller as Manager and Edmundo  
Rodriguez, Jr. as Manager

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: \_\_\_\_\_

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

  
Signature of authorized representative

Matthew M. Geller as Manager  
Typed or printed name of signature

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

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