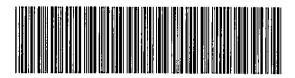
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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates o	of Status			
Special Instructions to Filing Officer:					
PICK-UP (Bu	WAIT siness Entity Name cument Number) Certificates	MAIL			





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47		
SUBJE	STROUPE PROPERTY HOLDINGS, LLC.	
	Name of Limited Liability Company	
ear Si	or Madam:	
he en	osed Statement of Authority and fee(s) are submitted for filing.	
lease :	eturn all correspondence concerning this matter to the following:	
4RTI	UR R. ROSENBERG	
	Name of Person	
ROS	NBERG & PINSKY	
	Firm/Company	
5 4 99	North Powerline Road, Suite 304,	
	Address	
ort !	auderdale, Florida 33309	
	City/State and Zip Code	
arr@	rrosenberg.com	
	E-mail address: (to be used for future annual report notification)	
or furt	ner information concerning this matter, please call:	
ARTI	UR R. ROSENBERG 954 772-5151	
· · ·	Name of Person Area Code Daytime Telepl	none Number

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

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

STATEMENT OF AUTHORITY

Pursuant to section authority:	605.0302(1), Florida Statutes, t	his limited liability com	ipany submits the followin	g statement of	f			
FIRST: The name	The name of the limited liability company is: STROUPE PROPERTY HOLDINGS, LLC.							
SECOND: The Flo	orida Document Number of the	limited liability compar	L07000084862		_			
THIRD: The stree	t address of the limited liability orth Powerline Road							
Pompar	no Beach, Florida 33069)						
	ing address of the limited liabil	ity company's principal	office is:					
Pompar	pano Beach, Florida 33069							
position of a person person on the follow	Robert Frybu Granted to:	ember, transferee, manageng real property held in	ger, officer or otherwise or the name of the company.	to a specific				
b.	No authority granted to:			2015 AUG 19 SEGIÆTARY PALLAHASSE	FIL			
2. May 6	enter into other transactions on Robert Fryt	behalf of, or otherwise a	act for or bind, the compan	AM IO: U7 OF STATE E. M. ONUBA				
b.								
Now of Signature of authori	Tuy lung zed representative		obert Fryburg Typed or printed name of s	ignature				

Filing Fee:

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