

LD9000010033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

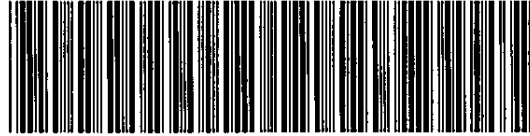
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04/20/16--01024--028 \*\*5.00

04/04/16--01026--022 \*\*20.00

FILED  
2016 APR 20 A 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 21 2016  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2016

GERALD S. LESHER  
511 S OLIVE AVE  
WEST PALM BEACH, FL 33401

SUBJECT: DNA REALTY ENTERPRISE LLC  
Ref. Number: L09000010033

2016 APR 20 AM 11:28  
TALLAHASSEE, FLORIDA

We have received your document for DNA REALTY ENTERPRISE LLC and your check(s) totaling \$20.00. However, the document has not been filed and is being retained in this office for the following:

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$5.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 516A00007211

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DNA REALTY ENTERPRISE 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:

**GERALD S. LESHER**

Name of Person

Firm/Company

**511 S OLIVE AVE**

Address

**WEST PALM BEACH FL 33401**

City/State and Zip Code

**LESHERLAW@AOL.COM**

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

For further information concerning this matter, please call:

**GERALD S. LESHER**

at ( **561** ) **471-7155**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 APR 20 A 11:42

**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: DNA REALTY ENTERPRISE LLC

**SECOND:** The Florida Document Number of the limited liability company is: L09000010033

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

511 S OLIVE AVE

WEST PALM BEACH FL 33401

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

511 S OLIVE AVE

WEST PALM BEACH FL 33401

**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.

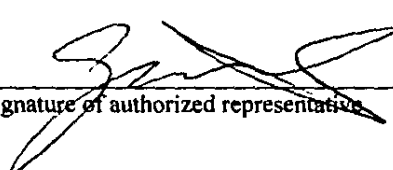
a. Granted to: GRACE NORWICH

b. No authority granted to: ANYONE ELSE

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

a. Granted to: GRACE NORWICH

b. No authority granted to: ANYONE ELSE

  
Signature of authorized representative

GRACE NORWICH

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2015 APR 20 A 11:42  
RECEIVED  
TALLAHASSEE, FLORIDA

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