

LA0000053384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 19 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAL Properties, 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:

Kevin A. Kyle, Esq.

Name of Person

Green Schoenfeld & Kyle LLP

Firm/Company

1380 Royal Palm Square Boulevard

Address

Fort Myers, Florida 33919

City/State and Zip Code

kevinkyle@gskattorneys.com

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

For further information concerning this matter, please call:

Amy Biesenbach

Name of Person

at 239

Area Code

936-7200

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)

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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: MIAL Properties, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000053384

THIRD: The street address of the limited liability company's principal office is:
895 College Pkwy., Suite 2440, Fort Myers, FL 33919

The mailing address of the limited liability company's principal office is:
895 College Pkwy., Suite 2440, Fort Myers, FL 33919

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: Cossett Garcia, Authorized Representative or
Michael Tyropolis, President

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: Cossett Garcia, Authorized Representative or
Michael Tyropolis, President

b. No authority granted to: _____


Signature of authorized representative

Michael Tyropolis
Typed or printed name of signature

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

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