

L10000031251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

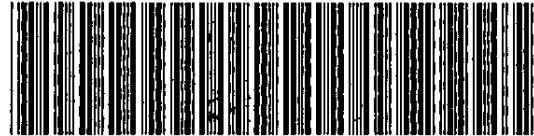
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/08/16--01014--027 **55.00

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FILED
16 JUN - 8 AM 10:38
CLERK OF COURT
TALLAHASSEE, FLORIDA

JUN 15 2016

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THE LAW OFFICES OF
LORENE SEELER YOUNG, P.A.

June 7, 2016

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

RE: MSNO PROPERTIES, LLC
PROPERTY: 6941 SW 56TH Court, Davie, FL 33314
OUR FILE: 16001-90 / 16-0191

To whom it may concern:

Enclosed please find the Statement of Authority for MSNO Properties, LLC that needs to be filed with the state of Florida and we are requesting a certified copy.

If you need anything further, please do not hesitate to contact me.

Sincerely yours,
LORENE SEELER YOUNG, P.A.

By: Emily Cruz
Emily Cruz/Post Closing

Enclosures
Check #2364 - \$55.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSNO 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:

LORENE SEELER YOUNG, ESQ.

Name of Person

LORENE SEELER YOUNG, P.A.

Firm/Company

9124 GRIFFIN ROAD

Address

COOPER CITY, FLORIDA 33328

City/State and Zip Code

LORENE@LSY-LAW.COM

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

For further information concerning this matter, please call:

LORENE SEELER YOUNG

Name of Person

954
at ()

Area Code

585-3967

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

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: MSNO PROPERTIES LLC

SECOND: The Florida Document Number of the limited liability company is: L10000031251

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

10399 CYPRESS LAKES PRESERVE DRIVE

LAKE WORTH, FLORIDA 33449

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

10399 CYPRESS LAKES PRESERVE DRIVE

LAKE WORTH, FLORIDA 33449

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: _____

NOUSHAD MAMUN OR MOHAMMAD H. MAMUN

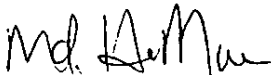
b. No authority granted to: _____

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

a. Granted to: _____

NOUSHAD MAMUN OR MOHAMMAD H. MAMUN

b. No authority granted to: _____



Signature of authorized representative

MOHAMMAD H. MAMUN
MEMBER

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)