

**L1100053515**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD SNY  
Account Number : I20010000025  
Phone : (786) 899-2235  
Fax Number : (786) 899-2318

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**LC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DOYLE PROPERTY PARTNERS, LLC**

Certificate of Status	0
Certified Copy	1
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02/03/2015 15:12 FAX

LEOPOLD KORN LEOPOLD SNY

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Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: Doyle Property Partners 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 Doyle

Name of Person

Doyle Property Partners LLC

Firm/Company

1525 Pennsylvania Ave Apt 3

Address

Miami Beach, FL 33139

City/State and Zip Code

md@paradisgroup.com

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

For further information concerning this matter, please call:

Michael Doyle

917

539-9449

at ( )

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

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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: Doyle Property Partners LLC

SECOND: The Florida Document Number of the limited liability company is: L11000053515

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

1525 Pennsylvania Ave Apt 3

Miami Beach, FL 33139

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

1525 Pennsylvania Ave Apt 3

Miami Beach, FL 33139

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: Michael Doyle, Authorized Member, or

Kathryn Fuller, Authorized Member

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: Michael Doyle, Authorized Member, or

Kathryn Fuller, Authorized Member

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

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Signature of authorized representative

Michael Doyle  
Typed or printed name of signature

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