# 11000092248

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doe	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



200257771762

03/24/14--01009--019 \*\*25.00

2014 MAR 24 PM 3: 01 SCORETARY OF CLASE

MAR 27 2014 T CLINE

# Moody, Jones, Ingino & Morehead, P.A.

Attorneys at Law

Bank of America Building 1333 S. University Drive, Suite 201 Plantation, Florida 33324 Telephone (954) 473-6605 Telefax (954) 473-6855 www.moodyjones.com

STEVE E. MOODY\*
KENNETH M. JONES
MICHAEL J. INGINO\*\*
CHARLES A. MOREHEAD, III\*\*\*

RONALD E. SHNIDER - Of Counsel \*\*\*\*
ROBERT M. LEVIN - Of Counsel \*\*\*\*\*

- Certified Circuit Civil and Family Mediator
- \*\* Also Admitted in Texas
- \*\*\* Board Certified Civil Trial Lawyer
- \*\*\*\* Also Admitted in Washington D.C
- \*\*\*\* Also Admitted in New York and Connecticut

March 20, 2014

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

RE: Ynot Marketing LLC

Dear Sir or Madam:

Enclosed please find a Statement of Authority for the above referenced limited liability company.

Also enclosed is our check in the amount of \$25.00 representing the filing fee.

Thank you for your cooperation.

Very truly yours,

Cathy Schlegel

Legal Assistant to Steve E. Moody

Enclosure

2014 情景 24 PM 3: 02

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
YNOT MARKETING LLC			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s)	are submitted for filin	ng.	
Please return all correspondence concerning this	matter to the followi	ng:	
STEVE E. MOODY			
Name of Person		<del></del>	
MOODY, JONES, INGINO & MORE	HEAD, P.A.		
Firm/Company		<del></del>	, ~
1333 S. UNIVERSITY DRIVE, SUIT	E 201		
Address		<del></del>	-
PLANTATION, FL 33324			98 <b>2</b>
City/State and Zip Code			
SMOODY@MOODYJONES.COM			2014 MAR 24 PM 3: 02 -SELTATIONS EST DIVIDE
E-mail address: (to be used for future a	nnual report notificati	on)	
For further information concerning this matter, p	lease call:		
STEVE E. MOODY	954	880-2021	
Name of Person	Area Code	Daytime Telephon	e 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

SECOND:	The Florida Document Number of the limited liability company is: L11000092248	3
THIRD: T	he street address of the limited liability company's principal office is:	
<u>H</u>	OLLYWOOD, FL 33019	
	The mailing address of the limited liability company's principal office is:	
position of a	This statement of authority grants or sets limitations of authority on all persons having a person in a company, whether as a member, transferee, manager, officer or otherwise of e following:  May execute an instrument transferring real property held in the name of the company  a. Granted to:  ANTHONY ROLON	or to a specific
	b. No authority granted to: ANYONE ELSE	3: <b>02</b>
2.	May enter into other transactions on behalf of, or otherwise act for or bind, the compa  a. Granted to:  ANTHONY ROLON	ny.