

L12 0000 12337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

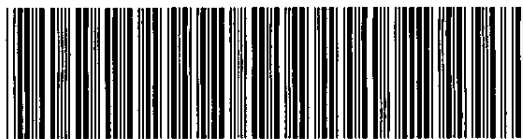
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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OSSINSKY & CATHCART

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July 21, 2016

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

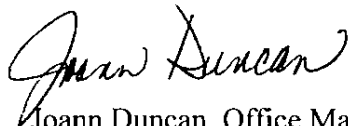
Re: VIP PROPERTIES LLC/Sale of 3202 Phils Lane
File No. 1178.475

Dear To Whom It May Concern:

Enclosed please find the Cover Letter and Statement of Authority for VIP Properties, LLC and the Cover Letter and Statement of Authority for Coast to Coast Management, LLC together with our check in the amount of \$50.00. Please return the receipt to the undersigned in the enclosed self-addressed, stamped envelope.

If I can provide you with any additional information, or should you have any questions concerning the foregoing, then please do not hesitate to contact me.

Very truly yours,



Joann Duncan, Office Manager
For the Firm

JD/lc

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: VIP PROPERTIES, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000012337

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

33 E. ROBINSON ST., SUITE 100

ORLANDO, FL 32801

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

PO BOX 5757

WINTER PARK, FL 32793

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.

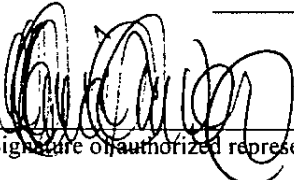
a. Granted to: MARIA CHAVEZ, as Manager of Coast to Coast
Management, LLC, as Manger of VIP Properties, LLC

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: MARIA CHAVEZ, as Manager of Coast to Coas
Management, LLC, as Manager of VIP Properties, LLC

b. No authority granted to: _____



Signature of authorized representative

Maria Chavez

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIP 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:

CHRISTOPHER C. CATHCART

Name of Person

OSSINSKY & CATHCART, P.A.

Firm/Company

2699 Lee Road, Suite 101

Address

Winter Park, FL 32789

City/State and Zip Code

joann@ossinksycathcart.com

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

For further information concerning this matter, please call:

Chris Cathcart

Name of Person

at (407)

Area Code

629-2484 x 125

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