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10/02/24--01028--011 \*\*\*450.00

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## COVER LETTER

TO: Registration Section Division of Corporations

YMP PALO VERDE, LLC
SUBJECT:

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:

Harvey Trautenberg

Name of Person

Firm/Company

4500 N State Road 7Suite 100

Address

Lauderdale Lakes, FL 33319

City/State and Zip Code

htrautenberg@YMPRealEstate.com

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

For further information concerning this matter, please call:

 Harvey Trautenberg
 305
 987-5418

 Name of Person
 Area Code
 Daytime Telephone Number

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E138 (2/14)

## 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: \_\_\_\_\_

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

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

4500 N State Road 7 Suite 100

Lauderdale Lakes, FL 33319

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

4500 N State Road 7 Suite 100

Lauderdale Lakes, FL 33319

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:\_\_\_\_\_
  - b. No authority granted to: \_\_\_\_\_\_ Incur obligations in excess of \$5,000.00

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

a. Granted to : \_\_\_\_\_\_

authorized representative

Moshe Popack, Managing Member

Typed or printed name of signature

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

CR2E138 (2/14)