(M)

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COVER LETTER

то:		istration Section ision of Corporations		
SUBJECT:	Τ.	YMP BOARDWALK, LLC		
CCDUE	J	Name of L	imited Liability Con	npany
Dear Sir	ог Х	1adam:		
The encl	osed	Statement of Authority and fee(s) are	submitted for filing	
Please re	turn	all correspondence concerning this m	atter to the following	g:
Harvey T	Frau	enberg		
		Name of Person		-
		Firm/Company		•
4500 N S	State	Road 7Suite 100		
		Address	•	-
Lauderda	ale L	akes, FL 33319		
		City/State and Zip Code		•
htrautenb	erg(@YMPRealEstate.com		
	E-m	ail address: (to be used for future annu	al report notification	<u>n)</u>
For furthe	er in	formation concerning this matter, plea	se call:	
Harvey T	raut	enberg	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

STATEMENT OF AUTHORITY

authority:	:	605.0302(1), Florida Statutes, this limited liability company submits the follow	ing state	ment of
FIRST:	The name	of the limited liability company is: YMP BOARDWALK, LLC		
SECONE): The Flo	rida Document Number of the limited liability company is:		
		address of the limited liability company's principal office is: te Road 7 Suite 100		
I -	Lauderdale	Lakes, FL 33319		
4		ng address of the limited liability company's principal office is: te Road 7 Suite 100		
	_auderdale	Lakes, FL 33319		
position o	f a person i the followi	tement of authority grants or sets limitations of authority on all persons having in a company, whether as a member, transferce, manager, officer or otherwise ring: ecute an instrument transferring real property held in the name of the company Granted to: Harvey Trautenberg- Subject to below	or to a sp	
	b.	No authority granted to:	2.1 	† ×
2.	. May cn a.	onter into other transactions on behalf of, or otherwise act for or bind, the compagnated to: Harvey Trautenberg- Subject to below		
	ъ.	No authority granted to: Incur obligations in excess of \$5,000.00	<u>.</u> 	∴. U.
n	211	Moshe Popack, Managing N	Member	
ng ature o	of a the 120	ed representative Typed or printed name of Filing Fee: \$25.00	signatur	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)