

L12 0000 98127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600279387726

11/25/15--01017--019 **55.00

FILED
2015 NOV 25 AM 11:32
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

K. Ouligan DEC 1 - 2015

Distinctive Title Services, Inc.

12012 South Shore Boulevard, Suite 102, Wellington, Florida 33414

Phone 561-515-0832 Fax 561-515-0842

November 24, 2015

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

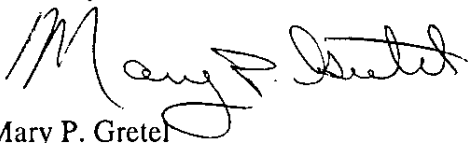
Re: Property: 712 Royal Palm Beach, Royal Palm Beach, Florida 33411
 Seller: Jirehcorp LLC
 Our File No.: 15-174

Ladies/Gentlemen:

Please find enclosed our check in the amount of \$55.00 for the attached Statement of Authority for the above LLC. Please forward a certified copy of the Statement of Authority using our FEDEX envelope provided.

Should you have any questions, please feel free to call us.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary P. Greter". The signature is fluid and cursive, with the first name "Mary" being the most prominent part.

Mary P. Greter
Escrow Officer

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jirehcorp 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:

Maggie Walsh

Name of Person

Distinctive Title Services, Inc

Firm/Company

12012 Southshore Blvd #102

Address

Wellington, Florida 33414

City/State and Zip Code

mw Walsh@distinctivetitle.com

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

For further information concerning this matter, please call:

Maggie Walsh

Name of Person

at (561)

Area Code

515-0832

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

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: Jirehcorp LLC

SECOND: The Florida Document Number of the limited liability company is: L12000098127

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

7790 Oak Grove Circle

Lake Worth, Florida 33467

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

7790 Oak Grove Circle

Lake Worth, Florida 33467

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: Mauricio Zuluaga and Diego Miranda

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: Mauricio Zuluaga and Diego Miranda

b. No authority granted to: _____


Signature of authorized representative

MAURICIO ZULUAGA
Typed or printed name of signature

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

NOTARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 25 AM 11:32

FILED