

L13000110342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

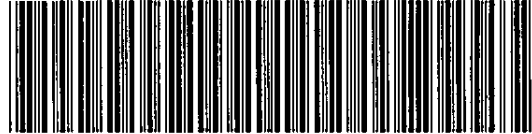
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W. Galligan AUG 24 2015

LAW OFFICE  
**ROSENBERG & PINSKY**  
SUITE 304  
6499 North Powerline Road  
FORT LAUDERDALE, FLORIDA 33309  
www.rp-lawfirm.com

ARTHUR R. ROSENBERG  
JOSHUA S. PINSKY

(954) 772-5151  
FAX (954) 772-4224

August 18, 2015

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

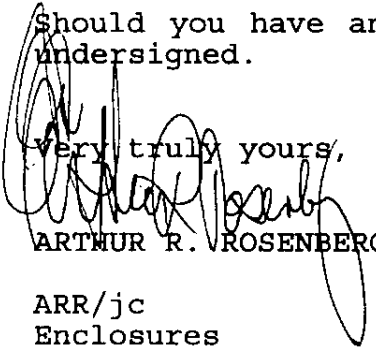
**RE: LAI Global Ventures II LLC**

Dear Sir/Madam:

Enclosed herein please find a Statement of Authority for the above referenced entity, along with my firm's check in the amount of Thirty (\$25.00) Dollars for the filing of same. Please send our office a copy of the filing of same in the self addressed envelope that I have provided herein.

Should you have any questions, please feel free to contact the undersigned.

Very truly yours,



ARTHUR R. ROSENBERG

ARR/jc  
Enclosures

**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: LAI GLOBAL VENTURES<sup>II</sup>, LLC.

**SECOND:** The Florida Document Number of the limited liability company is: L13000110342

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

2114 North Flamingo Road, Suite 138

Pembroke Pines, Florida 33028

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

2114 North Flamingo Road

Suite 1138

Pembroke Pines, Florida 33028

**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.

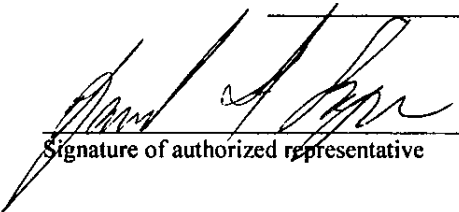
a. Granted to: LAURICK INGRAM

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: LAURICK INGRAM

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)