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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BEAUZ PROPERTY MNGT. LLC Name of Limited Liability Company
Name of Emmed 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:
LISH HAARALA BEATTY Name of Person
BEAUZ PROPERTY MNGT. LLC Firm/Company
2413 SE PASCAL AUE.
Pr. St. Lucie FL 34952 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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Name of Person

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Daytime Telephone Number

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: BEAUZ PROPERTY
MANAGEONEON
11/21011020000
SECOND: The Florida Document Number of the limited liability company is:
THIRD: The street address of the limited liability company's principal office is:
2413 SE PASCAL AVE
Pr. St. Lucite, Fr 34952 3
The mailing address of the limited liability company's principal office is:
2413 SE PASCAL AVE
PT. ST. LUCIE, FL 34952
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: LISA HAARALA BEATTY
b. No authority granted to: CHARLES BEATTY JARRYD KYLE AUZENNE
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
a. Granted to: LISA HAARALA BEATTY
b. No authority granted to: CHARLES BEATTY
JARRYD KYLE AUZENNE
Displaceda Bento
Signature of authorized representative Typed or printed name of signature Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E138 (2/14)