

L14000077728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

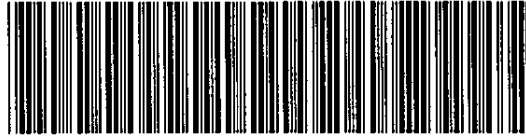
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/08/15--01020--019 **55.00

FILED
15 JUL -8 PM 4:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 09 2015
J. HARRIS

Distinctive Title Services, Inc.
12230 Forest Hill Boulevard, Suite 213
Wellington, Florida 33414
Phone: 561-515-0832 Fax: 561-515-0842

July 7, 2015

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32310

Attn: Registration Section

Re: Our File Number: 15-108
Mortgagor: Ida Farm, LLC
Property Address: 423 Cindy Drive

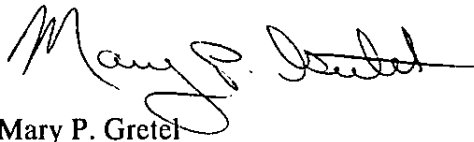
Ladies/Gentlemen:

Enclosed is the Statement of Authority and our check in the amount of \$55.00 for the above LLC. Please forward the certified copy in the enclosed FEDEX to our office.

We expect to close on or before **July 29, 2015**.

Thank you in advance for your cooperation. Please reference our file number in all correspondence.

Sincerely,



Mary P. Gretel

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ida Farm, 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

12230 Forest Hill Blvd #213

Address

Wellington, Florida 33414

City/State and Zip Code

Mwalsh@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: Ida Farm, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000077728

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

361 Cindy Drive

Wellington, Florida 33414

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

361 Cindy Drive

Wellington, Florida 33414

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.

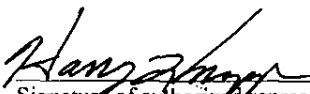
a. Granted to: Harry L. Knopp or Teresa A. Knopp

b. No authority granted to: N/A

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

a. Granted to: Harry L. Knopp or Teresa A. Knopp

b. No authority granted to: N/A


Signature of authorized representative

Harry L. Knopp
Typed or printed name of signature

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

FILED
15 JUL - 8 PM 4:57
STATE OF FLORIDA
TALLAHASSEE, FLORIDA