

L14000119885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

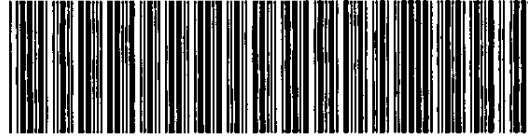
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100277207951

09/22/15--01013--014 **55.00

SEP 22 PM 1:11
RECEIVED
FLORIDA

SEP 25 2015

J SHIVERS

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

September 21, 2015

Division of Corporations
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Property: 9338 Via Classico West, Royal Palm Beach, Florida 33411
 Seller: Welinsky Properties LLC
 Buyer: John Kish and Roseann Kish
 Our File No.: 15-162

Ladies/Gentlemen:

Please find enclosed the Statement of Authority to be recorded and a certified copy to be be recutned the tha address above.

A return FedEx envelope has bee included for your convenience.

Should you have any questions or any problems with the recording, please call us immediately.

Sincerely,



Maggie Walsh
Escrow Officer

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Welinsky Properties 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

mwash@distinctivetitle.com

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

For further information concerning this matter, please call:

Maggie Walsh

at (561)

515-0832

Name of Person

Area Code

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: Welinsky Properties, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000119889

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

9338 Via Classico

Wellington, Florida 33414

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

250 Gorge Road #5D

Cliffside Park, NJ 07010

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: Eileen Welinsky & Steven Welinsky

b. No authority granted to: _____

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

a. Granted to: Eileen Welinsky & Steven Welinsky

b. No authority granted to: _____

Eileen Welinsky
Signature of authorized representative

Eileen Welinsky & Steven Welinsky
Typed or printed name of signature

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