

L150001361078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

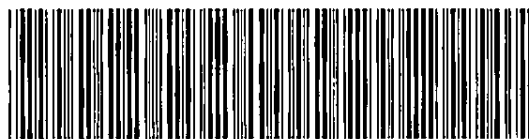
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800301361078

07/17/17--01007--007 **25.00

FILED
17 JUL 17 AM 10:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUL 19 2017

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: 234 NE 6th CT, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000136782

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

2799 NW BOCA RATON BLVD
Suite 111
Boca Raton, FL 33431

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

SAME

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:

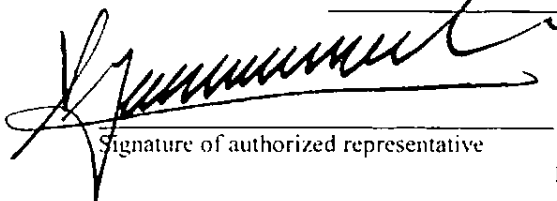
a. Granted to: Ali YEMENICILER

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: Ali YEMENICILER

b. No authority granted to: _____


Signature of authorized representative

Ali YEMENICILER Mgr.
Typed or printed name of signature

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

FILED
17 JUL 17 AM 10:45
CLERK OF STATE
TALLAHASSEE, FLORIDA