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TO: Registration Section Division of Corporations

YMP Barrington, LLC

SUBJECT: ____

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:

Brian Adamson

Name of Person

Firm/Company

4500 N. State Road 7, Suite 100

Address

Lauderdale Lakes, Florida, 33319

City/State and Zip Code

badamson@ymprealestate.com

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

For further information concerning this matter, please call:

Brian Adamson at (______) Name of Person at (______) Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E138 (2/14)

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: ______

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

4500 N. State Road 7, Suite 100

Lauderdale Lakes, Florida, 33319

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

4500 N. State Road 7, Suite 100

Lauderdale Lakes, Florida, 33319

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:_____
- 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
 - Granted to : ______ Brian Adamson subject to below
 - b. No authority granted to:

incur obligations to the Company in excess of \$5,000.00

Signature of authorized representative

a.

Moshe	Popack.	Managing	Member
into ano	TOPACK.	magnie	

Typed or printed name of signature

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

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Resolution / Statement of Authority for YMP Barrington, LLC

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

The name of the limited liability company is YMP Barrington, LLC (hereinafter the "Company").

The street address of the Company is 4500 N. State Road 7, Suite 100, Lauderdale Lakes, Florida, 33319.

Effective July 5, 2022. Brian Adamson is hereby granted the authority to execute any and all agreements, contracts and/or other documents ("Agreements") binding the Company, where such Agreements do not incur an obligation to the Company that is in excess of Five Thousand and 00/100 (\$5,000.00) Dollars (the "Limit").

Agreements under the Limit do not require separate ratification or authorization by the Members and/or Managers of the Company.

To induce any third party to act hereunder, the Company hereby agrees that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and the Company for itself and for my successors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against and any all claims that may arise against such third party be reason of such third party having relied on the provisions of this instrument.

Witness my hand and seal this 1st day of July, 2022.

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Moshe Popack as Managing Member