116000004348

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D. BRUCE NOV 08 2016

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: R&M 1974 Properties LLC Name of Limited Liability Comp		
Name of Limited Liability Comp	pany	
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:	:	
Cherie Martinez		
Name of Person		
Sage Title & Escrow		
Firm/Company		
10625 N. Military Trail, Suite 204		
Address	I	•
Palm Beach Gardens, FL 33410	SECTION	オートの
City/State and Zip Code	五元 3	
cmartinez@sagecompanies.net	SSER	
E-mail address: (to be used for future annual report notification		DO
For further information concerning this matter, please call:	ORIG	T: 25
Cherie Martinez 561	721-9686	.
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

authority		.5	cin or
FIRST:	The name of the limited liability company is: R & M 1974 Properties, LLC		
SECON	D: The Florida Document Number of the limited liability company is: L16000004348		
	: The street address of the limited liability company's principal office is: 2318 Bay Village Court, Palm Beach Gardens, FL 33410		
	The mailing address of the limited liability company's principal office is: 2318 Bay Village Court, Palm Beach Gardens, FL 33410		
position	CH: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise con the following:		
	1. May execute an instrument transferring real property held in the name of the company a. Granted to: Michael N. Johnson	2016	FILED
	b. No authority granted to:	NOV -7 P 1: 2	ED
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Michael N. Johnson	· (N	
	b. No authority granted to:		
Signatur	re of authorized representative Filing Fee: \$25.00 Typed or printed name of	John signature	Ω ≎ Ω

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