L16000052365

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
. (Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: MYARA PROPERTIES II, 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:

Ronald A. Nour

Name of Person

Attorney At Law

Firm/Company

160 Hidden Hills Drive

Address

Ormond Beach, Florida 32174

City/State and Zip Code

cruisincafe@aol.com

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

For further information concerning this matter, please call:

Ronald A. Nour at (386) 673-4614

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

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: MYARA PROPERTIES II, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000052365

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

676 Riverside Drive Ormond Beach, FL 32176

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

676 Riverside Drive Ormond Beach, FL 32176

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:

DANIEL MYARA

- 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 :

DANIEL MYARA

b. No authority granted to:

Signature of authorized representative

DANIEL MYARA

Typed or printed name of signature

Riling Fee:

\$25.00

Certified Copy: \$30.00 (optional)