## Upado H

(Requestor's Name)				
(Address)				
(Address)				
(				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
·				
(Business Entity Name)				
(Dusiness Littly Name)				
(Document Number)				
Certified Copies Certificates of Status				
٠,				
, , , , , , , , , , , , , , , , , , ,				
Special Instructions to Filing Officer:				

Office Use Only

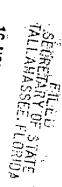


800292495988

800292495988 11/22/16--01032--004 \*\*\*55.00

NOV 2 3 2016 S. YOUNG

10 NUV 22 AM 10: 01



## COVER-LETTER

Division of Corporations				
SUBJECT:	Dream Perception 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 V	Valsh			
	Name of Person			
Distinctive Title Services, inc				
	Firm/Company			
12012 South Shore Blvd #102				
	Address			
Wellington, Florida 33414				
	City/State and Zip Code			
lverdile@novatium.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Maggie V	Valsh	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		

TO:

Registration Section

## 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: Dream Perception LLC SECOND: The Florida Document Number of the limited liability company is: <u>L1600</u>0066741 THIRD: The street address of the limited liability company's principal office is: 2040 Grenview Shores Blvd #222 Wellington, Florida 33414 The mailing address of the limited liability company's principal office is: 2040 Greenview Shores Blvd #222 Wellington, Florida 33414 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:\_\_\_Lucas G. Verdile b. No authority granted to: N/A May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: Lucas G. Verdile b. No authority granted to: N/A Lucas G. Verdile

Filing Fee:

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

Typed or printed name of signature

CR2E138 (2/14)

ignature of authorized representative