

LIL 0000 76967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

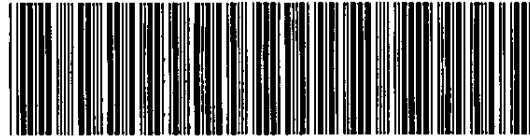
(Business Entity Name)

(Document Number)

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MAY 09 2016
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIPPER, 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:

Carole Aronson

Name of Person

Carole Aronson, P.A.

Firm/Company

1500 Gateway Blvd. Suite 220

Address

Boynton Beach, FL 33426

City/State and Zip Code

carole@aronsonpa.com

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

For further information concerning this matter, please call:

Carole Aronson

at (561) 7397907

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARKLAND INDUSTRIAL, 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:

Carole Aronson

Name of Person

Carole Aronson, P.A.

Firm/Company

1500 Gateway Blvd. Suite 220

Address

Boynton Beach, FL 33426

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Clifton Building
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MAILING ADDRESS:

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

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: PARKLAND INDUSTRIAL, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000076967

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

2429 N. Dixie Highway

West Palm Beach, FL 33407

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

2429 N. Dixie Highway

West Palm Beach, FL 33407

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: Neil J. Kozokoff, Manager

b. No authority granted to: n/a

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to : Neil J. Kozokoff, Manager

b. No authority granted to: n/a

Signature of authorized representative

Neil J. Kozokoff

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

16 MAY -6 AM 7:56
SECRETARY OF STATE
WASHINGTON, D.C.
100-443888-1000