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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJEC	Cooper Residential Propertie	s, LLC						
002020	Name of Limited Liability Company							
Dear Sir o	or Madam;							
The enclo	sed Statement of Authority and fee(s) are s	submitted for filing.						
Please retu	urn all correspondence concerning this mat	tter to the following:						
Francis	X. J. Lynch, Esq.							
	Name of Person	-						
Breton,	Lynch, Eubanks & Suarez-Muri	as, P.A.						
	Firm/Company							
605 No	rth Olive Avenue, 2nd Floor							
	Address							
West P	alm Beach, FL 33401							
	City/State and Zip Code	-						
flynch@)blesmlaw.com							
E	E-mail address: (to be used for future annua	al report notification)					
For further	r information concerning this matter, pleas	e call:						
Francis	X. J. Lynch	561	721-4004					
	Name of Person	Area Code	Daytime Telephone Number					
R D C 20	TREET/COURIER ADDRESS: egistration Section vivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	Registration of P.O. Box (G ADDRESS: on Section of Corporations 6327 ee, Florida 32314					

STATEMENT OF AUTHORITY

authority:	:			·	company submits the esidential Propert	<u>-</u>	,
FIRST:	The name	of the limited lia	bility company	is:	esidential Propert		
SECONI	D: The Flo	orida Document N	lumber of the li	imited liability co	mpany is: <u>L160001</u>	03125	******
THIRD:	The street		mited liability o	company's princi			
-	Palm Be	each, FL 334	80				
-		ing address of the		ty company's prin	ncipal office is:		
-	Palm Be	each, FL 334	80				
position of person on	of a person the follow 1. May e:	in a company, w ving: xecute an instrum Granted to: Br	hether as a men ent transferring andy Lowe,	nber, transferee, r g real property he , as Assistant	uthority on all persons nanager, officer or oth ld in the name of the commander	ompany.	16 Aug
	b.	No authority g	ranted to:			AMII: 06 SFLORIO	
2	2. May e a.			ehalf of, or otherv e, as Assistar	wise act for or bind, the		
	b.	No authority g	ranted to:				
(NO	the	le hoa	de.		Gretchen C. Le		
Signature	of authoriz	zed representative	Filing F	Fee: \$25.00 ed Copy: \$30.00		ame of signature	