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COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	MYP Indian River Center, LLC		
		imited Liability Com	pany
Dear Sir or	Madam:		
The enclose	d Statement of Authority and fee(s) are	submitted for filing.	
Please return	n all correspondence concerning this m	atter to the following	:
Brian Adam	nson		
	Name of Person		
	Firm/Company		
4500 N. Sta	te Road 7, Suite 100		
	Address		
Lauderdale	Lakes, Florida, 33319		
	City/State and Zip Code		
badamson@	ymprealestate.com		
E-1	mail address: (to be used for future ann	ual report notification	n)
For further i	nformation concerning this matter, ple	ase call:	
Brian Adan	nson	305 at (685-8059
-	Name of Person	Area Code	Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this authority:	limited liability company submits the following statement of
FIRST: The name of the limited liability company is	MYP Indian River Center, LLC
SECOND: The Florida Document Number of the lim	nited liability company is:
THIRD: The street address of the limited liability con 4500 N. State Road 7, Suite 100	
	22 JUL 2 TAILLA
The mailing address of the limited liability 4500 N. State Road 7, Suite 100	SECURE AHASSEE FLOOr Company's principal office is:
Lauderdale Lakes, Florida, 33319	
person on the following: 1. May execute an instrument transferring r	real property held in the name of the company.
No authority granted to: incur obligations to the Compa	iny in excess of \$5,000.00
2. May enter into other transactions on beha. Granted to:	half of, or otherwise act for or bind, the company.
b. No authority granted to:incur obligations to the Compa	any in excess of \$5,000.00
~1/m -	Moshe Popack, Managing Member
Signature of authorized representative Filing Fe	Typed or printed name of signature ee: \$25.00 d Copy: \$30.00 (optional)

Resolution / Statement of Authority for MYP Indian River Center, LLC

Pursuant to section 605.0302(1). Florida Statutes, this limited liability company submits the following statement of authority:

The name of the limited liability company is MYP Indian River Center, LLC (hereinafter the "Company").

The street address of the Company is 4500 N. State Road 7, Suite 100, Lauderdale Lakes, Florida, 33319.

Effective July 5, 2022, Sam Potter is hereby granted the authority to execute any and all agreements, contracts and/or other documents ("Agreements") binding the Company, where such Agreements do not incur an obligation to the Company that is in excess of Five Thousand and 00/100 (\$5,000.00) Dollars (the "Limit").

Agreements under the Limit do not require separate ratification or authorization by the Members and/or Managers of the Company.

To induce any third party to act hereunder, the Company hereby agrees that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and the Company for itself and for my successors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against and any all claims that may arise against such third party be reason of such third party having relied on the provisions of this instrument.

Witness my hand and seal this 1st day of July, 2022.

Moshe Popack as Managing Member