

L17000171762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

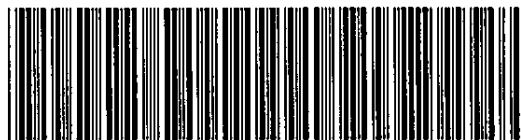
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 AUG 15 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AUG 17 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DAFTREE 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:

JULIE G COHEN

Name of Person

STROCK & COHEN ZIPPER LAW GROUP PA

Firm/Company

2900 GLADES CIR STE 750

Address

WESTON, FL 33327

City/State and Zip Code

JCOHEN@STROCKLAW.COM

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

For further information concerning this matter, please call:

JULIE G COHEN

Name of Person

954 at (          )

Area Code

659-2220

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

**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: DAFTREE LLC

**SECOND:** The Florida Document Number of the limited liability company is: L17000171762

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

C/O HOMERICH

1565 N PARK DRIVE STE 100

WESTON, FL 33326

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

C/O HOMERICH

1565 N PARK DRIVE STE 100

WESTON, FL 33326

**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.


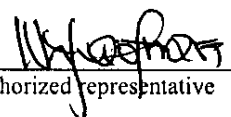
a. Granted to: DAVID IYOFOR OR IHUOMA IYOFOR

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: DAVID IYOFOR OR IHUOMA IYOFOR

b. No authority granted to: \_\_\_\_\_

  
  
\_\_\_\_\_  
Signature of authorized representative

DAVID IYOFOR

IHUOMA IYOFOR

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: **\$25.00**  
Certified Copy: **\$30.00 (optional)**

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