118000141432

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

Office Use Only



100314899811

06/27/18--01012--023 **25.00

SECRETARY OF STATE
SECRETARY OF STATE
TALLAHASSEE FLORIDA

17.98.18

COVER LETTER

Division of Corporations			
Butterfly Property Holdings,	, LLC		
	Limited Liability Comp	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) ar	e submitted for filing.		
Please return all correspondence concerning this n	natter to the following	:	
Kyle Peters			
Name of Person			
KP Law, PLLC			
Firm/Company			
221 N Hogan St, #375			
Address			
Jacksonville, FL 32202			
City/State and Zip Code			
kpeters@kpeterslaw.com			
E-mail address: (to be used for future an	nual report notification	1)	
For further information concerning this matter, ple	ease call:		
Kyle Peters	904	476-4790	
Name of Person	at (at Code	Daytime Telephone Number	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
Clifton Building	P.O. Box	P.O. Box 6327	

Tallahassee, Florida 32314

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1). Florida Statutes, this limited liability company submits the fauthority:			
FIRST: The name of the limited liability company is: Butterfly Property Holdings, LLC			
SECOND: The Florida Document Number of the limited liability company is:			
THIRD: The street address of the limited liability company's principal office is: 6 SOUTHRIDGE EAST			
TIBURON, CA 94920			
The mailing address of the limited liability company's principal office is: 6 SOUTHRIDGE EAST			
TIBURON, CA 94920			
FOURTH: This statement of authority grants or sets limitations of authority on all persons he position of a person in a company, whether as a member, transferee, manager, officer or other person on the following: 1. May execute an instrument transferring real property held in the name of the contact of t	mpany.		
b. No authority granted to:	ALLAHASSEE,		
2. May enter into other transactions on behalf of, or otherwise act for or bind, the a. Granted to: Keith D. Lenger	company & 2		
b. No authority granted to:			
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	me of signature		