

218000141432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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9-11-18

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Butterfly Property Holdings, 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:

**Kyle Peters**

Name of Person

**KP Law, PLLC**

Firm/Company

**221 N. Hogan Street, # 375**

Address

**Jacksonville, FL 32202**

City/State and Zip Code

**kpeters@kpeterslaw.com**

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

For further information concerning this matter, please call:

**Kyle Peters**

**904**

**476-4790**

at ( )

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

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: Butterfly Property Holdings, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000141432

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 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: \_\_\_\_\_

b. No authority granted to: Keith D. Lenger

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

a. Granted to: \_\_\_\_\_

b. No authority granted to: Keith D. Lenger

  
Signature of authorized representative

Moe Nobari

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (Optional)

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