

Limited Power of Attorney

I, _____, (NAME)
the _____ of _____ (TITLE) (CORP,LLC,ETC, IF ANY)
hereinafter referred to herein as the "Owner" of the property located at:

(hereinafter referred to herein as the "Premises") here appoint **Randy Bultema** a Licensed Property Manager for **Metro Residential LLC** (hereinafter referred to herein as the "Manager" located at 450 NE 5th St, Suite 3, Ft Lauderdale, FL 33301 the **LIMITED POWER OF ATTORNEY** to act in my capacity to do any and all of the following:

- 1. to screen and approve or disapprove prospective tenants to occupy the apartments located on the Premises and to negotiate and execute leases for the rental thereof ; and
- 2. to sign such applications, forms, notices, and agreements as are necessary to retain said tenants and to manage the facilities of the Premises thereof for their occupancy including but not limited to the collection of rents, the upkeep of the Premises, the repair and maintenance of the Premises; and
- 3. to open and manage a segregated bank account for the benefit of the Owner for the Premises to collect rents and disperse funds to pay the expenses necessary to fulfill its obligations here in under; and
- 4. to negotiate and execute contracts necessary for the benefit of and the operation of the Premises.

As part of its consideration for its agreement to manage the Premises and its performance of its duties as Manager of the Premises Manager has been granted the exclusive right to manage the Premises and to serve as the broker to let out the apartments at the Premises.

The rights powers and authority of my attorney in fact shall commence on the date hereof and remain in force until Owners demise or incapacity or the revocation hereof by either party.

Owner 1 / Manager

Owner 2 / Manager

DATE

DATE

Witness

Witness

Witness

Witness

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____ THE ABOVE SIGNATORIES WHO DID NOT TAKE AN OATH AND ARE _____ PERSONALLY KNOWN TO ME OR _____ PRODUCED THE FOLLOWING FORM OF ID _____

NOTARY PUBLIC SIGNATURE

(SEAL HERE)

PRINTED NAME

COMMISSION # _____ COMMISSION EXPIRATION DATE ____/____/____