

L 180000 87054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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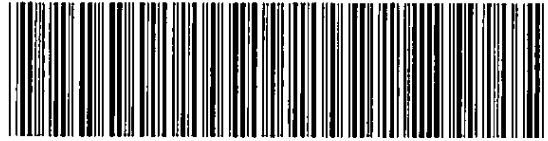
(Business Entity Name)

(Document Number)

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A handwritten signature in black ink, appearing to be 'AL'.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 402 Lake Worth 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:

Name of Person  
Blind Beak LLC  
Firm/Company  
1716 Capitol Ave Suite 100  
Address  
Cheyenne, WY 82001  
City/State and Zip Code

mship44@gmail.com

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

For further information concerning this matter, please call:

Arianna Wittig at ( 561 ) 213-9699  
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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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: 402 Lake Worth LLC

SECOND: The Florida Document Number of the limited liability company is: LI8000087054

THIRD: The street address of the limited liability company's principal office is:
197 65th Terrace N.
West Palm Beach, FL 33413

The mailing address of the limited liability company's principal office is:
PO Box 970844
Boca Raton, FL 33497

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status 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: Karin Lurtz aka Karin Lurtz-Wittig, Member, Manager
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: Karin Lurtz aka Karin Lurtz-Wittig, Member, Manager
b. No authority granted to:

Karin Lurtz
Signature of authorized representative

Karin Lurtz
Typed or printed name of signature

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

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