

122000403592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

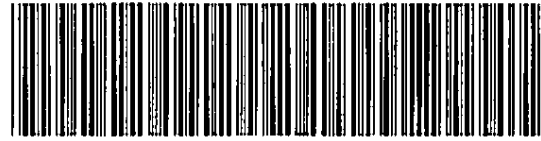
(Business Entity Name)

(Document Number)

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22 OCT 11 AM 5:42

CLERK OF SUPERIOR COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 12864 S Shore Drive 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:

Mac Ross

Name of Person

Law Office of Kyle Felty, P.A.

Firm/Company

725 N AIA C-112

Address

Jupiter/Florida 33477

City/State and Zip Code

mac@kyelfelty.com

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

For further information concerning this matter, please call:

Mac Ross

at

561

614-6606

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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REGISTRATION SECTION
DIVISION OF CORPORATIONS

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: 12864 S Shore Drive 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: 12864 South Shore Drive, West Palm Beach, FL 33410

The mailing address of the limited liability company's principal office is: The Law Office of Kyle Felty, P.A. 725 N AIA C-112, Jupiter FL 33477

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 Mastrogiovanni

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: Justin Angel

b. No authority granted to: David Mastrogiovanni

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Signature of authorized representative

David Mastrogiovanni, manager Typed or printed name of signature

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