

L18 0000 97849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FL

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 913 North 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
Name of Person

at (561)

213-9699
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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STATE OF FLORIDA
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: 913 North LLC

SECOND: The Florida Document Number of the limited liability company is: L18000097849

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)

FILED
2024 JAN 31 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FL