

LO4000059211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

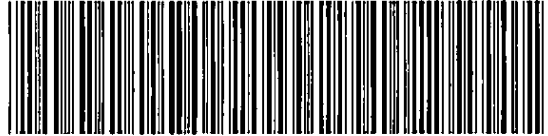
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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Boynton East, 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:

Richard Hasner  
Name of Person

Boynton East, LLC  
Firm/Company

150 N. Swinton Ave, Ste 100  
Address

Delray Beach FL 33444  
City/State and Zip Code

Castle@Castletl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Hasner at (561) 272-1207  
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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STATE OF FLORIDA

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: Boynton East, LLC

SECOND: The Florida Document Number of the limited liability company is: LC4 00005 9211

THIRD: The street address of the limited liability company's principal office is:

150 N Swinton Ave  
Suite 100  
Delray Beach FL 33444

The mailing address of the limited liability company's principal office is:

150 N. Swinton Ave  
Suite 100  
Delray Beach, FL 33444

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: Richard Hasner, Jay Hasner, Lloyd Hasner  
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: Richard Hasner, Jay Hasner, Lloyd Hasner  
b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Richard Hasner  
Typed or printed name of signature

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

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TALLAHASSEE, FL