

L04000076879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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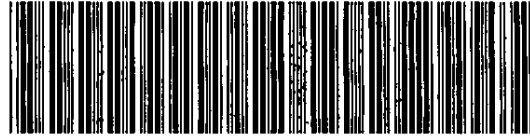
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAY 17 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Beach RV Park, 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:

Morton Fishman
Name of Person

Palm Beach RV Park, LLC
Firm/Company

8330 Currency Dr #1
Address

Riviera Beach FL 33404
City/State and Zip Code

mortfishman@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Morton Fishman at (561) 602 6774
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Palm Beach RV Parks, LLC

SECOND: The Florida Document Number of the limited liability company is: LO4000076879

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

8330 Currency Dr, Unit 1
Riviera Beach, FL 33404

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

8330 Currency Dr, Unit 1
Riviera Beach, FL 33404

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: _____

b. No authority granted to: Allyson Chambers

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: _____

b. No authority granted to: Allyson Chambers

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16 MAY 13 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
Signature of authorized representative

M Fishman
Typed or printed name of signature

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