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(Re	equestor's Name)			
(Ac	idress)			
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COVER LETTER

TO: Re	egistration Section ivision of Corporations		
CUBICOT	374 ST ARMANDS CIRCLE L	LC	
SUBJECT		ited Liability Comp	pany
Dear Sir or	Madam:		
The enclos	ed Statement of Authority and fee(s) are su	abmitted for filing.	
Please retu	rn all correspondence concerning this matte	er to the following:	
ADAM S	SELIGMAN, ESQ.		
	Name of Person		
WARD	DAMON		
	Firm/Company		
4420 BE	EACON CIRCLE		
	Address		
WEST F	PALM BEACH, FLORIDA 33407	•	
	City/State and Zip Code		
ASELIG	MAN@WARDDAMON.COM		
Е	-mail address: (to be used for future annual	l report notification	1)
For further	information concerning this matter, please	e call:	
ADAM S	BELIGMAN	561	
	Name of Person	_ at (Daytime Telephone Number
Re D C: 26	FREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

STATEMENT OF AUTHORITY

authority		-	
FIRST:	The name of the limited liability company is: 374 ST ARMANDS CIRCLE LLC		-
SECON	D: The Florida Document Number of the limited liability company is: L04000092828		_
THIRD:	: The street address of the limited liability company's principal office is: C/O BELMONT ASSOCIATES LLC		
	777 E. ATLANTIC AVENUE, SUITE 301		
	DELRAY BEACH, FL 33483		
	The mailing address of the limited liability company's principal office is: C/O BELMONT ASSOCIATES LLC		
	777 E. ATLANTIC AVENUE, SUITE 301		
	DELRAY BEACH, FL 33483	20	
position person o	 H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: May execute an instrument transferring real property held in the name of the company a. Granted to: N/A b. No authority granted to: sell, mortgage or encumber properties 	or to a specifical	The state of the s
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: KYLIE JACKSON	any.	
	(leases, utilities, repair agreements and related matters)		
	b. No authority granted to: sell, mortgage or encumber properties		
0	MATHIEU P ROSINS		
Signatur	re of authorized representative Typed or printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature	