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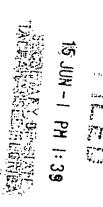
| (| Requestor's Name |) | | |
|---|---------------------|--------------|--|--|
| (| Address) | | | |
| (| (Address) | | | |
| | City/State/Zip/Phor | ne #) | | |
| PICK-UP | wait | MAIL | | |
| (| (Business Entity Na | ame) | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | es of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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J SHIVERS

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | |
|--|---------------------------|---------------------------------------|--|--|--|--|--|
| 3450 NORTHLAK | E BOULEVARD I | LC | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Statement of Authority | and fee(s) are submitted | d for filing. | | | | | |
| Please return all correspondence cond | erning this matter to the | e following: | | | | | |
| ADAM SELIGMAN, ESQ. | | | | | | | |
| Name of Per | son | | | | | | |
| WARD DAMON | | | | | | | |
| Firm/Compa | ny | | | | | | |
| 4420 BEACON CIRCLE | | | | | | | |
| Address | | | | | | | |
| WEST PALM BEACH, FLO | RIDA 33407 | | | | | | |
| City/State and Zip | Code | | | | | | |
| ASELIGMAN@WARDDAM | ON.COM | | | | | | |
| E-mail address: (to be used | for future annual report | notification |) | | | | |
| For further information concerning the | nis matter, please call: | | | | | | |
| ADAM SELIGMAN | at (| 61 | 842-3000 | | | | |
| Name of Person | aı (| Area Code | Daytime Telephone Number | | | | |
| STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301 | | Registrati Division of P.O. Box | G ADDRESS: on Section of Corporations 6327 ee, Florida 32314 | | | | |

STATEMENT OF AUTHORITY

| authority | / : | 605.0302(1), Florida Statutes, this limited liability company submits the follow | | of |
|-----------|---------------------------|--|----------------|-------------|
| FIRST: | The name of | of the limited liability company is: 3450 NORTHLAKE BOULEVAR |) LLC | |
| SECON | D: The Floi | orida Document Number of the limited liability company is: |) | |
| THIRD | | t address of the limited liability company's principal office is: DMAR ROAD PALM BEACH, FL 33480 | | |
| | | ling address of the limited liability company's principal office is: OMAR ROAD PALM BEACH, FL 33480 | | |
| position | of a person in the follow | execute an instrument transferring real property held in the name of the company | or to a specif | |
| | b. | . No authority granted to: sell,mortgage or encumber properties | | 苏 |
| | 2. May e | enter into other transactions on behalf of, or otherwise act for or bind, the comp Granted to: D. GLEN ALEXANDER (leases, utilities, repair agreements and related matters) | any. | Hd I-HN |
| | b. | No authority granted to: sell,mortgage or encumber properties | | ယ နှ |
| | Ч- | MATHIEU ROSINS | | - |
| Signatur | re of authoriz | ized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) | isignature | |

CR2E138 (2/14)