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## COVER LETTER

то:	Registration Section Division of Corporations		
cupi	3450 NORTHLAKE BOULE	VARD LLC	
SUBJ		imited Liability Con	npany
Dear S	Sir or Madam:		
The er	nclosed Statement of Authority and fee(s) are	submitted for filing	
Please	return all correspondence concerning this m	atter to the following	<u>;</u> :
ADA	M SELIGMAN, ESQ.		_
	Name of Person		-
WAF	RD DAMON		
	Firm/Company		-
4420	BEACON CIRCLE		
	Address		-
WES	ST PALM BEACH, FLORIDA 334	07	
	City/State and Zip Code		-
ASE	LIGMAN@WARDDAMON.COM		
	E-mail address: (to be used for future ann	ual report notification	on)
For fu	rther information concerning this matter, plea	ase call:	
ADA	M SELIGMAN	561	842-3000
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Registra	NG ADDRESS: tion Section n of Corporations x 6327

Tallahassee, Florida 32314

2661 Executive Center Circle

Tallahassee, Florida 32301

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## STATEMENT OF AUTHORITY

	The name of the limited liability company is: 3450 NORTHLAKE BOULE	VARD LLC
SECON	D: The Florida Document Number of the limited liability company is:	92829
	: The street address of the limited liability company's principal office is: 35 SE 6TH AVENUE	
	DELRAY BEACH, FL 33483	_ <del>_</del>
	The mailing address of the limited liability company's principal office is: 35 SE 6TH AVENUE	
	DELRAY BEACH, FL 33483	SHELT LORIDA
position	<ul> <li>This statement of authority grants or sets limitations of authority on all persons of a person in a company, whether as a member, transferee, manager, officer or other on the following:</li> <li>May execute an instrument transferring real property held in the name of the company.</li> <li>Granted to: N/A</li> </ul>	erwise or to a specifi ompany.
	b. No authority granted to: sell, mortgage or encumber prope	erties
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the a. Granted to:  STEPHEN NIX  (leases, utilities, repair agreements and related matter)	company.
		ers)

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