## L04000092841

(Requestor's Name)					
(Address)					
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(Address)					
(Addiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Cashisas Liniy Marile)					
(Document Number)					
Certified Copies Certificates of Status					
Г <u>.</u>					
Special Instructions to Filing Officer:					

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APR 13 70.77 J. HARRIS

## COVER LETTER

TO:	Registration Section Division of Corporations		
	1865 WOOLBRIGHT ROAD	LLC	
SUBJE	CT:Name of Li	mited Liability Comp	any
Dear Sir	r or Madam:		
The enc	losed Statement of Authority and fee(s) are	submitted for filing.	
Please re	eturn all correspondence concerning this ma	atter to the following:	
ADAN	л SELIGMAN, ESQ.		
	Name of Person		
WAR	D DAMON		
	Firm/Company		
4420	BEACON CIRCLE		
	Address		
WES <sup>-</sup>	T PALM BEACH, FL 33407		
	City/State and Zip Code		
ASEL	IGMAN@WARDDAMON.COM		
-	E-mail address: (to be used for future annual	ual report notification	)
For furt	her information concerning this matter, plea	ase call:	
ADAN	M SELIGMAN	561	842-3000
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

authority		atemer	it of	
FIRST:	The name of the limited liability company is: 1865 WOOLBRIGHT ROAD LLC			
SECON	D: The Florida Document Number of the limited liability company is: L04000092841			
THIRÐ:	: The street address of the limited liability company's principal office is: 35 SE 6TH AVENUE			
	DELRAY BEACH, FL 33483			
	The mailing address of the limited liability company's principal office is:  35 SE 6TH AVENUE			
	DELRAY BEACH, FL 33483			
position of person of	<ul> <li>TH: This statement of authority grants or sets limitations of authority on all persons having the sof a person in a company, whether as a member, transferee, manager, officer or otherwise or to on the following:</li> <li>May execute an instrument transferring real property held in the name of the company.</li> <li>a. Granted to: N/A</li> </ul>		fic	
	b. No authority granted to: sell, mortgage or encumber properties.	SECRETARY OF	2010 APR 112 E	Care Care
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.  a. Granted to:  STEPHEN NIX	STAIL STAIL	PH 2: 11	i i
	(leases, utilities, repair agreements and related matters).		. 4	
	b. No authority granted to: sell, mortgage or encumber properties.			
	MATHIEU P. ROSINSK		_	
Signature	re of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	ature		

CR2E138 (2/14)