L05000061021

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COVER LETTER

	gistration Section rision of Corporations		
CUBICCT.	East Bald Eagle Properties I, LLC		
SUBJECT:	Name o	f Limited Liability Comp	any
Dear Sir or l	Madam:		
The enclose	d Statement of Authority and fee(s)	are submitted for filing.	
Please return	n all correspondence concerning this	s matter to the following:	
Robert I. M	acLaren, II		
	Name of Person		
Osborne &	Osborne, P.A.		
	Firm/Company		
1515 S. Fed	leral Highway, Suite 106		
	Address		
Boca Raton	, FL 33432		
	City/State and Zip Code		
RIM2@osb	ornepa.com		
E-1	mail address: (to be used for future	annual report notification)
For further i	nformation concerning this matter,	please call:	
Robert I. M	acLaren, II	561 at ()	395-1000
	Name of Person	Area Code	Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF AUTHORITY

authority FIRST:	The name of the limited liability	company is: East Bald Ea	ngle Properties I, LLC	
SECON	D: The Florida Document Numb	per of the limited liability of	L05000061021	
	: The street address of the limited			==
	Boca Raton, FL 33432			E
	The mailing address of the lim 750 South Dixie Highway	•	incipal office is:	102 hzis 29 h
	Boca Raton, FL 33432			三. 三.
position	 H: This statement of authority g of a person in a company, whether the following: 1. May execute an instrument a. Granted to: Jeff M. 	er as a member, transferee.	manager, officer or otherwise of the company	or to a specific
	b. No authority grante			
	May enter into other transa a. Granted to: Jeff N	ctions on behalf of, or othe	rwise act for or bind, the compa	iny.
	b. No authority grant	ed to:		
0	The Series		Jeff M. Brown	
Signatur	Popauthorized representative	Filing Fee: \$25.0 Certified Copy: \$30.0		signature