207000074554

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K. SALY EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations		
BELMONT ASSOCIATES, LLC SUBJECT:			
Name of Limited Liability Company			
Dear S	ir or Madam:		
The en	closed Statement of Authority and fee(s) are su	abmitted for filing.	
Please	return all correspondence concerning this matt	er to the following:	:
ADA	M R. SELIGMAN, ESQ.		
	Name of Person		
WARD DAMON, PL			
	Firm/Company	. —	
4420 BEACON CIRCLE			
	Address		
WEST PALM BEACH, FLORIDA 33407			
	City/State and Zip Code		
ASEI	LIGMAN@WARDDAMON.COM		
	E-mail address: (to be used for future annua	report notification	1)
For further information concerning this matter, please call:			
ADAI	M R. SELIGMAN, ESQ.	561 _ at ()	842-3000
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrati Division (P.O. Box	IG ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liabili authority:	
FIRST: The name of the limited liability company is:	IT ASSOCIATES, LLC
SECOND: The Florida Document Number of the limited liability of	company is: L07000074554
THIRD: The street address of the limited liability company's princ 7 LAGOMAR ROAD	cipal office is:
PALM BEACH, FLORIDA 33480	ALL POST
The mailing address of the limited liability company's pr 7 LAGOMAR ROAD	cipal office is:
PALM BEACH, FLORIDA 33480	
person on the following: 1. May execute an instrument transferring real property h a. Granted to: N/A	
b. No authority granted to: sell, mortgage of	or encumber properties
2. May enter into other transactions on behalf of, or othe a. Granted to: Anthony ("Tony") Angiul repair agreements, bank accounts	li-(leases, utilities
b. No authority granted to: sell, mortgage of	
~~~	MATHIEU P. ROSINSKY
Signature of authorized representative Filing Fee: \$25.0 Certified Copy: \$30.0	

CR2E138 (2/14)