6700098494

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
umils

.



04/02/24 -01003--012 ++250.00

Office Use Only

TO: Registration Section Division of Corporations

307 LOT LLC

SUBJECT:

1

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Blind Beak LLC, Trustee of the Lucky Lurtz Rev. Trust Dtd 1/13/2024

Firm/Company

PO Box 870844

Address

Boca Raton, Florida 33497

City/State and Zip Code

mship44@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

1990 Name of Person at SG1 Area Code e) <u>213-4649</u> 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

CR2E138 (2/14)

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1). Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: _____

L07000098494 SECOND: The Florida Document Number of the limited liability company is:

THIRD: The street address of the limited liability company's principal office is:

321 S LAKESIDE DR

LAKE WORTH BEACH, FL 33460

The mailing address of the limited liability company's principal office is:

PO Box 970844

a.

b.

Boca Raton, FL 33497

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or 10 position of a person in a company, whether as a member transferse many or 10 position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific 1 person on the following:

1. May execute an instrument transferring real property held in the name of the company.

Wisemanagement Property Consulting & Management LLC Granted to:_____

Arianna Wittig

Peter Lurtz No authority granted to:

May enter into other transactions on behalf of, or otherwise act for or bind, the company. 2.

Wisemanagement Property Consulting & Management LLC a. Granted to :

Avianna Wittig b. No authority granted to: _____

ature of authol orescritative

unnain Typed or printed name of signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) 59