

607000114272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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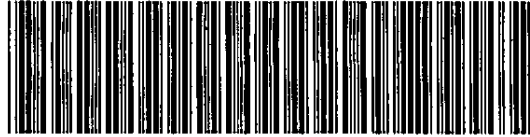
(Business Entity Name)

(Document Number)

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16 MAY 11 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 12 2016
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Hub Retail, LLC
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:

Orin Black
Name of Person

The Hub Retail, LLC
Firm/Company

P.O. Box 611808
Address

N. Miami, FL 33261-1808
City/State and Zip Code

Orin @ 5th St Marina.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Orin Black at (305) 324-2040
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

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: The Hub Retail, LLC

SECOND: The Florida Document Number of the limited liability company is: L07000114272

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

341 NW South River DR.
Miami, FL 33128

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

P.O. Box 611808
N. Miami, FL 33261-1808

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

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

a. Granted to: Orin T. Black

b. No authority granted to: _____

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

a. Granted to: Orin T. Black

b. No authority granted to: _____


Signature of authorized representative

Orin T. Black
Typed or printed name of signature

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

16 MAY 11 AM 11:39
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA