

L 07000114304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

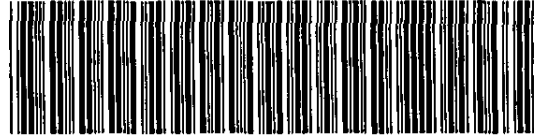
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 MAY 11 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 13 2016

Y SULKER

LAW OFFICES OF
Howard W. Mazloff, P.A.

DADELAND TOWERS
9200 SOUTH DADELAND BOULEVARD
SUITE 420
MIAMI, FLORIDA 33156

TELEPHONE (305) 670-6760
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EMAIL: LAWHWM@BELLSOUTH.NET

May 5, 2016

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: 5th Street Marina LLC and The Hub Reatail LLC
FILE NO. 2016.436

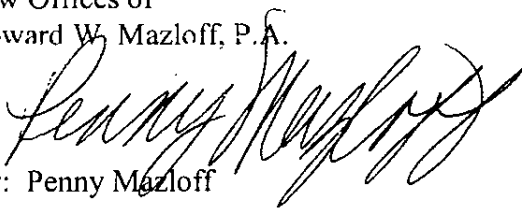
Enclosed please find a check in the amount of \$50.00 and two original cover sheets and two original statements of authority. Please file each set with the division of corporation.

Please contact me if you have any questions.

Thank you for your assistance.

Very Truly Yours,

Law Offices of
Howard W. Mazloff, P.A.


By: Penny Mazloff

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

5th Street Marina, 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

5th Street Marina, LLC
Firm/Company

341 NW South River Dr.
Address

Miam, FL 33128
City/State and Zip Code

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

For further information concerning this matter, please call:

Orin Black
Name of Person
at (305) 324-2040
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

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: 5th Street Marina, LLC

SECOND: The Florida Document Number of the limited liability company is: LO7000114304

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.

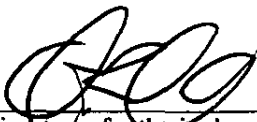
a. Granted to: Orin T. Black

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)

FILED
16 MAY 11 AM 10:23
CLERK OF STATE
TALLAHASSEE, FLORIDA