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FALLAHASSEE, FLORIDA

AUG 11 2018 S. YOUNG

COVER LETTER

Division of Corporations			
SUBJECT:			
Name of Limited Liability Compar	ny	_	
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:			
ROBERT W. KIRK			
Name of Person			
WEST 50 PLAZA, LLC			
Firm/Company			
213 Harrison Street	FALL	2 3	
Address	AA AE	≱ U6	
Titusville, FL 32780	15SEE	6	ר ר
City/State and Zip Code	्राप्त स्राह्म	. <u>7</u> 2	Ċ
kirk 1 e aol. Com	ORIDE ——	PH 5: 19	
E-mail address: (to be used for future annual report notification)	12	4	
For further information concerning this matter, please call:			
Name of Person at (32) Area Code	403-8109 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)

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1). Florida Statuauthority:	ites, this limited liability company submits the following statement of	
FIRST: The name of the limited liability cor	mpany is: WEST 50 PLAZA, LLC	
SECOND: The Florida Document Number of the limited liability company is:		
THIRD: The street address of the limited lia 213 Harrison Street	bility company's principal office is:	
Titusville, FL 32780		
The mailing address of the limited same as above	liability company's principal office is:	
position of a person in a company, whether as person on the following: 1. May execute an instrument trans	s or sets limitations of authority on all persons having the status or sa member, transferee, manager, officer or otherwise or to a specific sferring real property held in the name of the company. J. MOLITOR or ROBERT W. KIRK	
b. No authority granted to	SSSI SSSI	
-	ns on behalf of, or otherwise act for or bind, the company of the second	
b. No authority granted to	Not applicable	
Signature of authorized representative	ROBERT W. KIRK Typed or printed name of signature	
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

CR2E138 (2/14)