-LOP0000 42617

(Requestor's Name)		
(Address)		
(Address)		
(/100/033)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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02/27/17--01024--014 **25.00





TODO M. KURLAND, ESQ.

D 561.370.7350] C 561.376.4907 | F 561.370.7401 515 N. FLAGLER DRIVE | BUITE P300 | WEST FALM BEACH, FL 33401 TKURLAND@TMKURLANDLAW.COM

TMKURLANDLAW.COM

February 17, 2017

Via U.S. Mailing

Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

RE: Metricbolt.com, LLC

Division of Corporations:

Please find enclosed, the following documents and associated payments:

- Statement of Authority for Metricbolt.com, LLC (Document Number: L08000042617), Check No. 1072 (\$25.00, Filing Fee);
- Amended Articles of Organization for Metricbolt.com, LLC (Document Number: L08000042617), Check No. 1073 (\$55.00, Filing Fee and Certified Copy)

Please return a certified copy of Metricbolt.com, LLC's certificate of status to this firm's address at your earliest convenience. Thank you in advance for your consideration in this matter.

Sincerely,

LAW OFFICE OF TODD M. KURLAND, P.A.

COVER LETTER

	gistration Section vision of Corporations			
CUD IECT.	Metricbolt.com,LLC	•		
SUBJECT:		imited Liability Comp	any	
Dear Sir or !	Madam:			
The enclosed	d Statement of Authority and fee(s) are	e submitted for filing.		
Please return	n all correspondence concerning this m	natter to the following:		
Todd M.	Kurland, Esquire			
	Name of Person			
Law Offic	ce of Todd M. Kurland, P.A.			
	Firm/Company			
515 Flag	ler Drive, Suite P300			
	Address			
West Pa	lm Beach, FL 33401			
	City/State and Zip Code			
cindy@s	haffran.com; blake@metricbo	olt.com		
E-1	mail address: (to be used for future ann	nual report notification))	
For further i	information concerning this matter, ple	ease call:		
Todd M.	Kurland, Esq.	561	876-4907	
	Name of Person	Area Code	Daytime Telephone Number	
Re Div	REET/COURIER ADDRESS: gistration Section vision of Corporations	Registration Division of	G ADDRESS: on Section of Corporations	
	fton Building		P.O. Box 6327 Tallahassee, Florida 32314	

CR2E138 (2/14)

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority: FIRST: The name of	of the limited liability company is: Metricbolt.com,LLC		_
SECOND: The Flo	rida Document Number of the limited liability company is: L08000042617		-
THIRD: The street	address of the limited liability company's principal office is: Rd Ave S Ste B105 Lake Worth, FL 33461-3264		
	ng address of the limited liability company's principal office is: Rd Ave S Ste B105 Lake Worth, FL 33461-3264		
position of a person person on the follow	decute an instrument transferring real property held in the name of the company Granted to: Cindy L. Shaffran	orito a specific	Control of the Contro
b.	No authority granted to: Allan R. Adelson; Metricbolt.com,Inc., Marvin Koenig; B.Marc Consulting, LLC; Blake Marciszews	≽	
2. May e	nter into other transactions on behalf of, or otherwise act for or bind, the compa Granted to: B.Marc Consulting, LLC; Cindy L. Shaffran	ny.	
b.	No authority granted to: Allan R. Adelson; Metricbolt.com,Inc., Marvin Koenig		
Signature of authoriz	ed representative Filing Fee: \$25.00 Typed or printed name of \$25.00	WFPAN signature	