

LI 0000 27867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

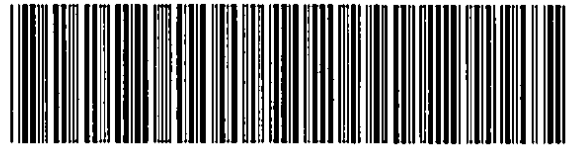
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Statement
of
Authenticity

APR 06 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAK FTL, 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:

Michael Seligsohn

Name of Person

JAK FTL, LLC

Firm/Company

4775 Technology Way

Address

Boca Raton, FL 33431

City/State and Zip Code

mseligsohn@yahoo.com

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

For further information concerning this matter, please call:

Michael Seligsohn

Name of Person

561
at (_____) _____
Area Code

368-5284

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

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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: JAK FTL, LLC

SECOND: The Florida Document Number of the limited liability company is: LI1000027867

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

4775 Technology Way

Boca Raton, FL 33431

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

4775 Technology Way

Boca Raton, FL 33431

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: Michael Seligsohn, President

b. No authority granted to: Kim Klotz, Vice President

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

a. Granted to: Michael Seligsohn, President

Kim Klotz, Vice President

b. No authority granted to: _____

JAK FTL, LLC

By: JDK Partners Management, LLC, its Manager

By: _____

Signature of authorized representative
James A. Klotz, its Manager

James A. Klotz

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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