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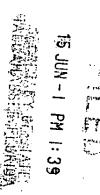
(Re	equestor's Name)	
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JUN 02 2015

J SHIVERS

COVER LETTER

то:	Division of Corporations		
SUBJEC	10577 FAIRVIEW AVENUE, L	LC	
SCDSE		ited Liability Comp	pany
Dear Sir	or Madam:		
The encl	losed Statement of Authority and fee(s) are so	ubmitted for filing.	
Please re	eturn all correspondence concerning this matt	er to the following:	
ADAM	1 SELIGMAN, ESQ.		
	Name of Person		
WAR	DAMON		
	Firm/Company		
4420	BEACON CIRCLE		
	Address		
WEST	Γ PALM BEACH, FLORIDA 33407		
	City/State and Zip Code		
ASEL	IGMAN@WARDDAMON.COM		
	E-mail address: (to be used for future annua	l report notification)
For furth	ner information concerning this matter, please	e call:	
ADAM	1 SELIGMAN	561	842-3000
	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	Registrati Division o P.O. Box	G ADDRESS: fon Section of Corporations 6327 ee, Florida 32314

STATEMENT OF AUTHORITY

THIRD: The street address of the limited liabili 7 LAGOMAR ROAD PALM B	
7 LAGOMAR ROAD PALM B	
The mailing address of the limited lial 7 LAGOMAR ROAD PALM B	bility company's principal office is:
- INCOMMITTIONS I MENT	27311,12 00400
-	
	r sets limitations of authority on all persons having the status or member, transferee, manager, officer or otherwise or to a specific
_	ring real property held in the name of the company.
b. No authority granted to:	sell,mortgage or encumber properties
	on behalf of, or otherwise act for or bind, the company
(leases, utilities, rep	pair agreements and related matters)
b. No authority granted to:	sell,mortgage or encumber properties