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COVER LETTER

TO: Registration Section Division of Corporations		
BLUECLIP III, LLC		
SUBJECT: Name of L	imited Liability Comp	any
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
AZUREDE ROSS		
Name of Person		
MERIDIAN PARTNERS LAW P.A.		
Firm/Company		
4923 W. CYPRESS STREET		
Address		
TAMPA, FL 33607		
City/State and Zip Code	-	
AZUREDE@MERIDIANPARTNERSL	AW.COM	
E-mail address: (to be used for future and	nual report notification))
For further information concerning this matter, ple	ease call:	
AZUREDE ROSS	813	443-5260
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registration Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority:	section 605.0302(1), Florida Statutes, this limited liability company submits the following	ig statement of
FIRST: T	e name of the limited liability company is: BLUECLIP III, LLC	
SECOND	The Florida Document Number of the limited liability company is:	
THIRD:	ne street address of the limited liability company's principal office is: 01 W. BUSCH BLVD.	- 1 6
5	JITE 901	19 007 10
_ T	MPA, FL 33618	· 6
2	he mailing address of the limited liability company's principal office is: 01 W. BUSCH BLVD.	PH 6:50
9	JITE 901	
7	MPA, FL 33618	
position o	This statement of authority grants or sets limitations of authority on all persons having person in a company, whether as a member, transferee, manager, officer or otherwise of following:	or to a specific
1	May execute an instrument transferring real property held in the name of the company a. Granted to: Granted to:	
	b. No authority granted to: RUSSELL BLUMENTHAL	
2	May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to:	ny.
	b. No authority granted to: RUSSELL BLUMENTHAL	
Signatura	BRYAN W. SYKES authorized representative Typed or printed name of	signature

Filing Fee:

\$25.00 Certified Copy: \$30.00 (optional)