

L140000051322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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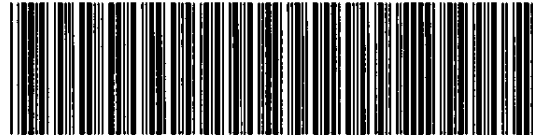
(Business Entity Name)

(Document Number)

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APR 16 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LINK TO FITNESS, 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:

IRA COHEN, ESQ.

Name of Person

HENKEL & COHEN, P.A.

Firm/Company

18001 Old Cutler Road, Suite 600

Address

Miami, Florida 33157

City/State and Zip Code

ic@miamibusinesslitigators.com

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

For further information concerning this matter, please call:

Ira Cohen, Esq.

Name of Person

at (305) 971-9474

Area Code

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

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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: LINK TO FITNESS, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000051322

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

551 S.W. 169th Terrace

Weston, Florida 33326

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

551 S.W. 169th Terrace

Weston, Florida 33326

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: STEPHANIE CASTANO

JENNIFER A. CASTANO

b. No authority granted to: N/A

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

a. Granted to: STEPHANIE CASTANO

JENNIFER A. CASTANO

b. No authority granted to: N/A

Stephanie Castano
Signature of authorized representative

Jennifer A. Castano
Signature of authorized representative
R2E138 (3/14)

Stephanie Castano
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional) Jennifer A. Castano

Typed or printed name of signature

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