

L140000051322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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APR 16 2014
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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. at (305) 971-9474
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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Stephanie Castano
Signature of authorized representative

Stephanie Castano
Typed or printed name of signature

Jennifer A. Castano
Signature of authorized representative

Jennifer A. Castano
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)