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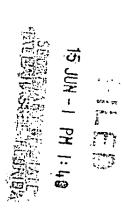
	(Requestor's Name)					
(Address)						
<u> </u>	(Address)					
	(City/State/Zip/Phone #)					
PICK-UF	P WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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JUN 02 2015 J SHIVERS

COVER LETTER

	sistration Section ision of Corporations		
SUBJECT:	438 ST. ARMANDS CIRCLE	LLC	
Sebste 1.	Name of Lin	nited Liability Comp	pany
Dear Sir or M	Madam:		
The enclosed	d Statement of Authority and fee(s) are s	ubmitted for filing.	
Please return	all correspondence concerning this mat	ter to the following:	
ADAM SI	ELIGMAN, ESQ.		
-	Name of Person		
WARD D	AMON		
	Firm/Company		
4420 BE	ACON CIRCLE		
	Address		
WEST PA	ALM BEACH, FLORIDA 33407	•	
	City/State and Zip Code		
ASELIGN	MAN@WARDDAMON.COM		
E-r	nail address: (to be used for future annua	al report notification))
For further in	nformation concerning this matter, pleas	e call:	
ADAM SI	ELIGMAN	561	842-3000
	Name of Person	Area Code	Daytime Telephone Number
ST	REET/COURIER ADDRESS:	MAILIN	G ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

STATEMENT OF AUTHORITY

Pursuant authority		505.0302(1), Florida Statutes, this limited liability company submits the following	ng statem	ent of	
FIRST:	The name of the limited liability company is: 438 ST. ARMANDS CIRCLE LLC				
SECON	D: The Flo	rida Document Number of the limited liability company is: L14000067073			- -
THIRD		address of the limited liability company's principal office is: MAR ROAD PALM BEACH, FL 33480			
		ng address of the limited liability company's principal office is: MAR ROAD PALM BEACH, FL 33480			
position	of a person on the follow	in a company, whether as a member, transferee, manager, officer or otherwise oring: Execute an instrument transferring real property held in the name of the company. Granted to: N/A	r to a spe		
		No authority granted to: sell,mortgage or encumber properties		.	
	2. May e	enter into other transactions on behalf of, or otherwise act for or bind, the compa Granted to:	TAN STATE	J I - NNF	esie.
	b.	(leases, utilities, repair agreements and related matters) sell.mortgage or encumber properties		®†:1 K	
باً	_1_	MATHIEU ROSINSK	Y		

Signature of authorized representative

Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)