

L14000067073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

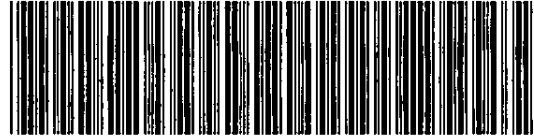
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 APR 12 P 2:53

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 438 ST. ARMANDS CIRCLE 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:

ADAM SELIGMAN, ESQ.

Name of Person

WARD DAMON

Firm/Company

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FLORIDA 33407

City/State and Zip Code

ASELIGMAN@WARD DAMON.COM

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

For further information concerning this matter, please call:

ADAM SELIGMAN

at (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

MAILING ADDRESS:

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

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TALLAHASSEE, FLORIDA

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: 438 ST. ARMANDS CIRCLE LLC

SECOND: The Florida Document Number of the limited liability company is: L14000067073

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

C/O BELMONT ASSOCIATES LLC

777 E. ATLANTIC AVENUE, SUITE 301

DELRAY BEACH, FL 33483

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

C/O BELMONT ASSOCIATES LLC

777 E. ATLANTIC AVENUE, SUITE 301

DELRAY BEACH, FL 33483

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: N/A

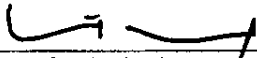
b. No authority granted to: sell, mortgage or encumber properties

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

a. Granted to: KYLIE JACKSON

(leases, utilities, repair agreements and related matters)

b. No authority granted to: sell, mortgage or encumber properties


Signature of authorized representative

MATHIEU P ROSINSKY

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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