

L14.000071106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

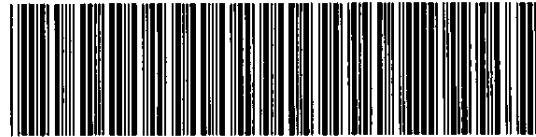
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500286286885

06/03/16--01001

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

16 JUN -2 PM 12:49

RECEIVED
DEPARTMENT OF JUSTICE
16 JUN -2 PM 3:56

JUN 03 2016
Y SULKER

CT

June 2, 2016

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 10035849 SO
Customer Reference 1: 142232-2
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

674 Tern Point Circle, LLC (FL)
Misc - Domestic LLC Filing - Statement of Authority
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 674 Tern Point 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:

Mitchell B. Kirschner, Esq.

Name of Person

Gray Robinson P.A.

Firm/Company

225 NE Mizner Blvd., Ste. 500

Address

Boca Raton, FL 33432

City/State and Zip Code

mitch.kirschner@gray-robinson.com

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

For further information concerning this matter, please call:

Mitchell B. Kirschner, Esq.

at (561)

368-3808

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

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: 674 Tern Point Circle, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000071106

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

215 Fifth Street, Suite 100
West Palm Beach, FL 33401

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

215 Fifth Street, Suite 100
West Palm Beach, FL 33401

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.

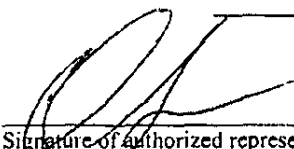
a. Granted to: Dan E. Swanson

b. No authority granted to: Fred Tanne

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

a. Granted to: Dan E. Swanson

b. No authority granted to: Fred Tanne


Signature of authorized representative

Dan E. Swanson
Typed or printed name of signature

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

FILED
16 JUN -2 PM 12:50
CLERK OF STATE
TALLAHASSEE, FLORIDA