

L14000075360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

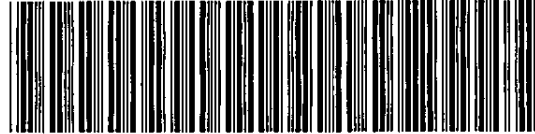
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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16 JUN -2 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 03 2016  
J. HARRIS

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:

650 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:** 650 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.

Name of Person

at ( 561 )

Area Code

368-3808

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: 650 Tern Point Circle, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L14000075360

**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.

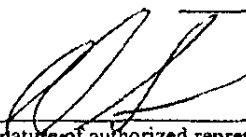
a. Granted to: Dan E. Swanson

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)**

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