

L 14 000099731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

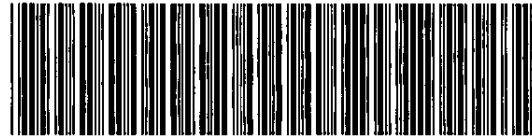
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800265399678

10/24/14--01027--006 **30.00

FILED
2014 OCT 24 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2014

1 CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Poseidon Hotel Ventures, 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:

Ron V. Flick

Name of Person

Win Win (1), LLC

Firm/Company

961687 Gateway Blvd. Suite 201J

Address

Amelia Island, Florida 32034

City/State and Zip Code

ron.flick1@gmail.com

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

For further information concerning this matter, please call:

Ron V. Flick

904

261-0059 Ext 28

at ()

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

2014 OCT 24 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Poseidon Hotel Ventures, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000099731

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

961687 Gateway Blvd. Suite 201J

Amelia Island, Florida 32034

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

961687 Gateway Blvd. Suite 201J

Amelia Island, Florida 32034

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: Randy McHenry or Ron Flick

b. No authority granted to: _____

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

a. Granted to: Randy McHenry or Ron Flick

b. No authority granted to: _____


Signature of authorized representative

Randy McHenry

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
2014 OCT 24 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA