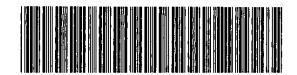
## 14000132496

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2017 JUN 26 PH 3: 59
SECRETARY OF STATE
ANALYSEE FILORIDA

J. HARRIS

## **COVER LETTER**

Division of Corporations	
SUBJECT: Blue Finch	•
	ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	
rease retain an correspondence concerning and matter to	o the following.
Proper Buyin	
Name of Person	<del></del>
F:/C	
Firm/Company	
PO POX 499	
Address	
lave what Flooring	
City/State and Zip Code	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	1:
at (at (_at (	Area Code & Daytime Telephone Number
Name of Ferson	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	the state of the s
-	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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: Blue Finch, LLC

SECOND:

The Florida Document Number of the Limited Liability Company is:

L14000132496

THIRD:

The street address of the Limited Liability Company's principal office is:

102 SOUTH C STREET LAKE WORTH, FL 33460

The mailing address of the Limited Liability Company's principal office is:

PO BOX 499

LAKE WORTH, FL 33460

**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 any instrument transferring real property held in the name of the company:
  - a. Granted to: Roger B. Rukin
- 2. May enter into other transactions on behalf of or otherwise act for or bind, the company.

a. Granted to: Roger B. Rukin

TADL Properties, LLC, a Florida Limited Liability Company

James B. Rukin, Member

By: Roger B. Rukin, Member

Return to:

Sage Title & Escrow Services, Inc. 4241 Northlake Blvd, Suite A Palm Beach Gardens, FL 33410

## STATEMENT OF ACKNOWLEDGEMENT

We, James B. Rukin and Roger B. Rukin, herein certify that BLUE FINCH, LLC, has never established an operating agreement.

That the only Members of the LLC are: James B. Rukin and Roger B. Rukin

That Roger B. Rukin as Member has the authority to execute an instrument transferring real property held in the name of the company, pursuant to the signed Statement of Authority filed with the State of Florida.

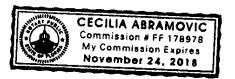
Blue Finch, LLC, a Florida Limited Liability Company

By Roger B. Rukin, Member

STATE OF FLORIDA COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_ day of June, 2017, by James B. Rukin and Roger B. Rukin, Members of Blue Finch, LLC, a Florida Limited Liability Company, who is personally known to me or has produced \_\_\_\_\_\_\_ as identification.

(SEAL)



**Notary Public**