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COVER LETTER

то:	Registration Section Division of Corporations		
en e	VUE CONDOS, LLC		
SUBJ		imited Liability Comp	pany
Dear S	Sir or Madam:		
The er	nclosed Statement of Authority and fee(s) are	e submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
ADA	M SELIGMAN, ESQ.		
	Name of Person		
WAF	RD DAMON		
	Firm/Company		
4420	BEACON CIRCLE		
	Address	-	
WES	ST PALM BEACH, FLORIDA 3340	07	
	City/State and Zip Code		
ASE	LIGMAN@WARDDAMON.COM		
	E-mail address: (to be used for future and	nual report notification)
For fu	rther information concerning this matter, ple	rase call:	
ADA	M SELIGMAN	561	Daytime Telephone Number
	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	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to authority:	section 605.0302(1). Florida Statutes, this limited liability company submits the following	g stateme	nt of	
FIRST: 1	e name of the limited liability company is: VUE CONDOS, LLC			-
SECOND	The Florida Document Number of the limited liability company is: L14000169891			-
THIRD:	ne street address of the limited liability company's principal office is: LAGOMAR ROAD, PALM BEACH, FL 33480			
	he mailing address of the limited liability company's principal office is: LAGOMAR ROAD, PALM BEACH, FL 33480			
position of	This statement of authority grants or sets limitations of authority on all persons having the person in a company, whether as a member, transferee, manager, officer or otherwise or e following: May execute an instrument transferring real property held in the name of the company, a. Granted to:			
	b. No authority granted to: sell,mortgage or encumber properties	SE TELEFORM	18 JAN 17	
2	May enter into other transactions on behalf of, or otherwise act for or bind, the compana. Granted to: Michelle Jackson - leases, utilities bank accounts, repair agreements and related matters		AM 10: 55	ָרָ (
	b. No authority granted to: sell,mortgage or encumber properties			
Signature	Tauthorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		_	

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