

FEB-19-2015 THU 02:38 PM

WARD DAMON

FAX No. 5618423626

P. 001/003

2/19/2015

U500022776
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : WARD, DAMON & POSNER, P.A.
Account Number : 072262000447
Phone : (561)842-3000
Fax Number : (561)842-3626

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: asehigman@warddamon.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LONGEVITY PROPERTIES LLC**

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WARD DAMON

FAX No. 5618423626

P. 002/003

H150000436593

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Longevity Properties 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:

Adam R. Seligman, Esq.

Name of Person

Ward Damon PL

Firm/Company

4420 Beacon Circle

Address

West Palm Beach, FL 33407

City/State and Zip Code

aseligman@warddamon.com

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

For further information concerning this matter, please call:

Adam R. Seligman

at

561

842-3000

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

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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: Longevity Properties LLC

SECOND: The Florida Document Number of the limited liability company is: L15000022776

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

101 N. Federal Hwy

Lake Worth, FL 33460

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

101 N. Federal Hwy

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 an instrument transferring real property held in the name of the company.


a. Granted to: Ryan R. Goodkin and
Terrence Myers

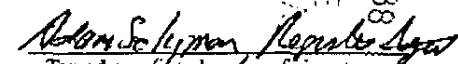
b. No authority granted to: _____

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

a. Granted to: Ryan R. Goodkin and
Terrence Myers

b. No authority granted to: _____


Signature of authorized representative


Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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