L15000134379

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	WAIT	MAIL.		
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(Document Number)				
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SECRETARY OF STATE
SECRETARY OF STATE

K SALY APR 13 2018

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	WPB LAGOON LLC		
3000		imited Liability Com	pany
Dear S	ir or Madam:		
The en	closed 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 334	.07	
	City/State and Zip Code		
ASE	LIGMAN@WARDDAMON.COM		
	E-mail address: (to be used for future ann	nual report notification	<u>n)</u>
For fu	rther information concerning this matter, ple	ease call:	
ADA	M SELIGMAN	561	842-3000
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section		IG ADDRESS: ion Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

authority:	5.0302(1), Florida Statutes, this limited liability	
FIRST: The name of	the limited liability company is: WPB LAG	OON LLC
SECOND: The Florid	da Document Number of the limited liability co	ompany is: L15000134379
THIRD: The street ac	ddress of the limited liability company's princip	
777 E. AT	LANTIC AVENUE, SUITE 301	
DELRAY	BEACH, FL 33483	
•	g address of the limited liability company's prin	ncipal office is:
777 E. AT	LANTIC AVENUE, SUITE 301	12.57
DELRAY	BEACH, FL 33483	25
person on the followin 1. May execute the second of the s	a company, whether as a member, transferee, rag: cute an instrument transferring real property he Granted to: N/A	eld in the name of the company.
b.	No authority granted to: sell, mortgage of	r encumber properties
	er into other transactions on behalf of, or other Granted to: Stephen Nix (leases, utilities, repair agreements	
b .	No authority granted to: sell, mortgage of	r encumber properties
		MATHIEU ROSINSKY
Signature of authorized	d représentative Filing Fee: \$25.00 Certified Copy: \$30.00	

CR2E138 (2/14)