

415000 L F 575

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000262982 3)))



H150002629823ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LIGHTSEY & ASSOCIATES, PA  
Account Number : I20060000130  
Phone : (407) 622-0025  
Fax Number : (407) 622-0026

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
640 NORTH ATLANTIC HOSPITALITY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

FILED  
RECEIVED  
15 NOV - 3 AM 7:19  
15 NOV - 3 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV - 4 2015

J SHIVERS

From: LIGHTSEY & ASSOCIATES PA

4076220026

# 11/03/2015 14:32

#681 P.002/003

H15000262982 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 640 North Atlantic Hospitality, 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:

Virginia Manning

Name of Person

Lightsey & Associates, P.A.

Firm/Company

2105 Park Avenue North

Address

Winter Park FL 32789

City/State and Zip Code

snaran@PRMHotels.com

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

For further information concerning this matter, please call:

Virginia Manning

Name of Person

407

Area Code

622-0025 x4

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

CR2E138 (2/14)

H15000262982 3

H15000262982 3

## 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: 640 North Atlantic Hospitality, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000168535

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

930 N. Atlantic Avenue

Daytona Beach, Florida 32118

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

930 N. Atlantic Avenue

Daytona Beach, Florida 32118

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of position of a person in a company, whether as a member, transferee, manager, officer or otherwise or as a special person on the following:

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

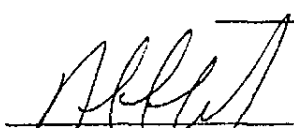
a. Granted to: Ishwar Naran; Samir Naran; Berrien H. Becks,  
Jr.; John Schnebly (all Managers)

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: Ishwar Naran; Samir Naran; Berrien H. Becks,  
Jr.; John Schnebly (all Managers)

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Alton L. Lightsey

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

H15000262982 3

FILED  
15 NOV - 3 AM 7:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA