L160000 21150

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WAR OF 2016

J. HARRIS

COVER LETTER

Division of Corporations 115 S. GOLFVIEW ROAD 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 Firm/Company 4420 BEACON CIRCLE Address WEST PALM BEACH, FLORIDA 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, ESQ/ 842-3000 Name of Person 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 32314 Tallahassee, Florida 32301

TO: Registration Section

STATEMENT OF AUTHORITY

authority:	605.0302(1), Florida Statutes, this limited liability company submits the following	ig statem	ent of	
FIRST: The name	of the limited liability company is: 115 S. GOLFVIEW ROAD LLC			-
SECOND: The Flo	orida Document Number of the limited liability company is: L16000021150			<u>-</u> -
THIRD: The street	address of the limited liability company's principal office is: MAR ROAD PALM BEACH, FLORIDA 33480			
	ing address of the limited liability company's principal office is: MAR ROAD PALM BEACH, FLORIDA 33480			
position of a person person on the follow 1. May e	atement of authority grants or sets limitations of authority on all persons having to in a company, whether as a member, transferee, manager, officer or otherwise oving: Execute an instrument transferring real property held in the name of the company. Granted to: N/A	r to a spe	cit i c	
b.	No authority granted to: sell, mortgage or encumber properties	ECHETARY OF	16 MAR -4 PM 3: 1	And the second s
2. May c	Granted to: Anthony ("Tony") Angiuli (leases, utilities, repair agreements and related matters)	STATE STATE	3:12	C
b.	No authority granted to: sell, mortgage or encumber properties			
<u>_</u>	MATHIEU ROSINSK	Y		
Signature of authori	zed representative Typed or printed name of s Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature	_	

CR2E138 (2/14)