

L16000100623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

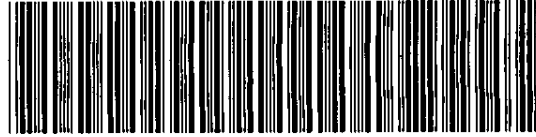
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600286169636

05/25/16--01013--006 **55.00

RECEIVED
DEPARTMENT OF STATE
16 MAY 25 PM 12: 06

MAY 25 2016

J SHIVERS

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
16 MAY 25 PM 4: 20

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Bluefin Advisors LLC

Signature _____

Requested by:

Name Date Time

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

STATEMENT OF AUTHORITY
OF
BLUEFIN ADVISORS, LLC

Pursuant to Section 605.0302, Florida Statutes, this limited liability company submits the following Statement Of Authority:

FIRST: The name of the limited liability company is:
BLUEFIN ADVISORS, LLC

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

6936 Cumberland Terrace
University Park, FL #34201

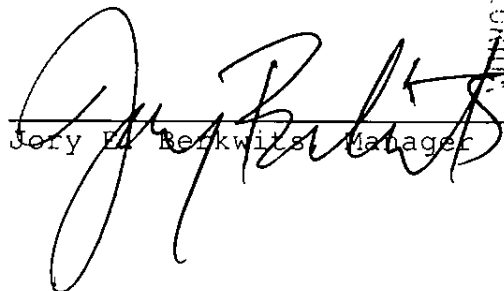
THIRD: This Statement Of Authority grants or sets forth limitations of authority on all persons having the status or position of a person in the Company, whether as a member, transferee, manager, officer or otherwise as follows:

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

- a. Granted to: Jory E. Berkwits
- b. No authority granted to: N/A

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

- a. Granted to: Jory E. Berkwits
- b. No authority granted to: N/A



Jory E. Berkwits, Manager

STATEMENT OF AUTHORITY
FILED
16 MAY 25 PM 4:20
TALLAHASSEE, FLORIDA