116000155702

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SECRETARY OF STATE
TALLAHASSEE FAIT

COVER LETTER

TO;	Registration Section Division of Corporations		•
O	IC013 Island Circle LLC		
SUBJI		of Limited Liability Cor	npany
Dear S	ir or Madam:		
The en	closed Statement of Authority and fee(s) are submitted for filing	ļ.
Please	return all correspondence concerning th	is matter to the following	g:
James	M Ager		
	Name of Person		_
IC011	3 Island Circle LLC		
	Firm/Company		_
2297 5	W Golden Bear Way		
	Address	+ s	_
Palm (City, FL 34990		
_	City/State and Zip Code		_
jimago	r.mail@gmail.com		
	E-mail address; (to be used for future	annual report notification	ini
For tu	ther information concerning this matter,	, please call;	
James	M Ager	772	834-1878
- 140 0 0 0 .	Name of Person	at (_) Daytime Telephone Number
	Mailing Adduces		Count t ddung.
	Mailing Address: Registration Section		Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF AUTHORITY

authority		-		
FIRST:	The name of the limited liability company is: IC013 Island Circle LLC			
	1.16000155702			
SECON	D: The Florida Document Number of the limited liability company is: L16000155702			
THIRD:	: The street address of the limited liability company's principal office is: 2297 SW Golden Bear Way			
	Palm City, FL 34990			
	The mailing address of the limited liability company's principal office is: 2297 SW Golden Bear Way			
	Palm City, FL 34990			
position	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the company.			
	a. Granted to: James M Ager MGRM (Managing Member)	JUL	77	
	and or Birgit Ager MGRM (Managing Member)	28	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	b. No authority granted to:	84:11 MM		
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa	ny.		
	a. Granted to: and or Birgit Ager MGRM (Managing Member)			
	b. No authority granted to:			
<i>(,)</i>	James M Ager MGRM			
Signatur	Typed or printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signatu	·e	