## 116000157750

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## COVER LETTER

то:	Registration Section Division of Corporations		
(21 11 11 11 11 11 11 11 11 11 11 11 11 1	313-321 ST ARMANDS CIF	RCLE LLC	
SUBJE		limited Liability Comp	pany
Dear Sii	r or Madam:		
The enc	losed Statement of Authority and fee(s) are	e submitted for filing.	
Please r	eturn all correspondence concerning this m	natter to the following:	
ADAN	M SELIGMAN, ESQ.		
	Name of Person		
WAR	D DAMON		
	Firm/Company	<u> </u>	
4420	BEACON CIRCLE		
	Address		
WES.	T PALM BEACH, FL 33407		
	City/State and Zip Code		
ASEL	IGMAN@WARDDAMON.COM		
	E-mail address: (to be used for future and	nual report notification	<del>)</del>
For furt	her information concerning this matter, ple	ease call:	
ADAN	M SELIGMAN	561	842-3000
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations	Registrat	GG ADDRESS: ion Section of Corporations

Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301

## 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: 313-321 ST ARMANDS CIRCLE LLC	_
SECOND: The Florida Document Number of the limited liability company is: L16000157750	_
THIRD: The street address of the limited liability company's principal office is:  C/O BELMONT ASSOCIATES, LLC	
777 E. ATLANTIC AVENUE, SUITE 301	
DELRAY BEACH, FL 33483	
The mailing address of the limited liability company's principal office is:  C/O BELMONT ASSOCIATES, LLC	
777 E. ATLANTIC AVENUE, SUITE 301	
DELRAY BEACH, FL 33483	
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 to a specific person on the following:  1. May execute an instrument transferring real property held in the name of the company.  2. A granted to:  N/A Granted to:  N/A Granted to:  N/A	PIVISION OF CORPORATIONS
b. No authority granted to: sell, mortgage or encumber properties.	SHS.
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.  a. Granted to: KYLIE JACKSON  (leases, utilities, repair agreements and related matters).  b. No authority granted to: sell, mortgage or encumber properties.	
Signature of authorized representative  Filing Fee: \$25.00  MATHIEU P. ROSINSKY  Typed or printed name of signature	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)