116000209326

	•				
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
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SECRETARY OF STATE

D. BRUCE JUN 12 2017

COVER LETTER

то:	Registration Section Division of Corporations	•	••		
SUBJI	114 Swan Parkway West L	LC	pany		
		va z.acy comp	·····		
Dear S	ir or Madam:				
The en	closed Statement of Authority and fee(s) are	submitted for filing.			
Please	return all correspondence concerning this m	atter to the following:			
Ad	am R. Seligman, Esq.				
	Name of Person				
Ward	d Damon PL			TAI SI	
	Firm/Company			LA LA	7
4420	Beacon Circle			T JUN -9	r
	Address			EE T	Ţ
Wes	t Palm Beach, FL 33407			P 2:	(
	City/State and Zip Code			A 40	
aseli	gman@warddamon.com				
	E-mail address: (to be used for future ann	nual report notification	1)		
For fur	rther information concerning this matter, ple	ase call:			
Ada	am R. Seligman, Esq.	561	842-3000		
	Name of Person	Area Code	Daytime Telep	phone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority				
FIRST:	The name of the limited liability company is: Adam R. S	Seligman, Esq.		
SECONI	D: The Florida Document Number of the limited liability com	nany ic. L16000209326		
	The street address of the limited liability company's principal			
THIRD.	28/43 MOSHE DAYAN STREET			
-	YEHUD, IL 56450-14 IL			
-	The mailing address of the limited liability company's princi 28/43 MOSHE DAYAN STREET	pal office is:		
YEHUD, IL 56450-14 IL				
position of person or	A: This statement of authority grants or sets limitations of authority aperson in a company, whether as a member, transferee, may the following: 1. May execute an instrument transferring real property held a. Granted to: ADAM R. SELIGMAN, ESC	in the name of the company		
	b. No authority granted to:	L'ST D		
:	2. May enter into other transactions on behalf of, or otherwing a. Granted to: ADAM R. SELIGMAN, ES	· • • •		
	b. No authority granted to:			
Signature	of authorized representative	ADAM R. SELIGMAN, ESQ. Typed or printed name of signature		
JIEHALUIC	Filing Fee: \$25.00 Certified Copy: \$30.00 (compared to the copy)			

CR2E138 (2/14)