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COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	2032 ARLINGTON STREET L	LC	
SUBJECT	Name of Lim	ited Liability Comp	oany
Dear Sir or N	Aadam:		
The enclosed	Statement of Authority and fee(s) are su	ibmitted for filing.	
Pease return	all correspondence concerning this matt	er to the following:	
ADAM SE	ELIGMAN, ESQ.		
	Name of Person		
WARD D	AMON		
	Firm/Company	 .	
4420 BE	ACON CIRCLE		
	Address		
WEST PA	ALM BEACH, FLORIDA 33407		
	City/State and Zip Code		
ASELIGN	MAN@WARDDAMON.COM		
E-n	nail address: (to be used for future annua	l report notification	1)
For further in	nformation concerning this matter, please	e call:	
ADAM S	ELIGMAN	561	842-3000
<u>. </u>	Name of Person	Area Code	Daytime Telephone Number
c T i	DEET/COMDIED ANNUESS	MAII IN	IG ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314

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: 2032 ARLINGTON STREET LLC
SECOND: The Florida Document Number of the limited liability company is: L17000144722
7 LAGOMAR ROAD PALM BEACH, FL 33480
The mailing address of the limited liability company's principal office is: 7 LAGOMAR ROAD PALM BEACH, FL 33480
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or osition of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific erson on the following: 1. May execute an instrument transferring real property held in the name of the company.
a. Granted to: N/A b. No authority granted to: sell,mortgage or encumber properties
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: D. GLEN ALEXANDER- leases, utilities bank accounts, repair agreements and related matters
b. No authority granted to: sell,mortgage or encumber properties
MATHIEU P. ROSINSKY
ignature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)