

217000/600008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

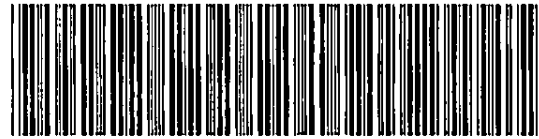
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**INSURANCE LINE ONE HOLDINGS,LLC**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**GARY I. HANDIN, ESQ.**

\_\_\_\_\_  
Name of Person

**GARY I. HANDIN, P.A.**

\_\_\_\_\_  
Firm/Company

**3111 UNIVERSITY DRIVE-SUITE 605**

\_\_\_\_\_  
Address

**CORAL SPRINGS, FLORIDA 33065**

\_\_\_\_\_  
City/State and Zip Code

**KBASO@HEALTHLINEONE.COM**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**GARY I. HANDIN**

**954**

**796-9600**

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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: INSURANCE LINE ONE HOLDINGS, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000160008

THIRD: The street address of the limited liability company's principal office is:  
1900 N.W. 44TH STREET

POMPANO BEACH, FLORIDA 33064

The mailing address of the limited liability company's principal office is:  
1900 N.W. 44TH STREET

POMPANO BEACH, FLORIDA 33064

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.

KRISTIAN BASO

a. Granted to: \_\_\_\_\_

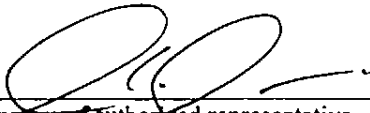
b. No authority granted to: ANY OTHER PERSON OR ENTITY

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

KRISTIAN BASO

a. Granted to: \_\_\_\_\_

b. No authority granted to: ANY OTHER PERSON OR ENTITY

  
Signature of authorized representative

KRISTIAN BASO, Manager  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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17 SEP 27 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA