117000162908

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COVER LETTER

Division of Corporations		
641 COLUMBIA CT LLC		
Name of	Limited Liability Comp	any
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
ADAM SELIGMAN, ESQ.		
Name of Person		
WARD DAMON		
Firm/Company		
4420 BEACON CIRCLE		
Address		
WEST PALM BEACH, FLORIDA 334	107	
City/State and Zip Code		
ASELIGMAN@WARDDAMON.COM	ı	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter, p	olease call;	
ADAM SELIGMAN	561	842-3000
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ec. Florida 32314

TO: Registration Section

STATEMENT OF AUTHORITY

authority:	505.0302(1), Florida Statutes, this limited liability company submits the following	ng statemen	t of
FIRST: The name	of the limited fiability company is: 641 COLUMBIA CT LLC		
SECOND: The Flo	rida Document Number of the limited liability company is: L17000162908		
	address of the limited liability company's principal office is: MAR ROAD, PALM BEACH, FL 33480		
	ing address of the limited liability company's principal office is: MAR ROAD, PALM BEACH, FL 33480		
position of a person person on the follow	atement of authority grants or sets limitations of authority on all persons having in a company, whether as a member, transferee, manager, officer or otherwise cring: **Recute an instrument transferring real property held in the name of the company	or to a speci	
	Granted to:		18
b.	No authority granted to: sell,mortgage or encumber properties	TAIL AND AND	JAN 17
2. May e	enter into other transactions on behalf of, or otherwise act for or bind, the compa Granted to:	iny.	AH 11: 07
	bank accounts, repair agreements and related matters		
b.	No authority granted to: sell,mortgage or encumber properties		
	MATHIEU P. ROSIN	- · · -	_
Signature of authori	zed representative Typed or printed name of Filing Fee: \$25.00 Certified Conv. \$30.00 (antional)	signature	

CR2E138 (2/14)