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JUN 1 2 2018

TO: Registration Section Division of Corporations

1001 N BENEVA ROAD 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:

ADAM SELIGMAN, ESQ.

Name of Person

WARD DAMON

Firm/Company

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FL 33407

City/State and Zip Code

ASELIGMAN@WARDDAMON.COM

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

For further information concerning this matter, please call:

ADAM SELIGMAN	561	842-3000
	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

CR2E138 (2/14)

-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: _____ 1001 N BENEVA ROAD LLC

SECOND: The Florida Document Number of the limited liability company is: L18000032509

THIRD: The street address of the limited liability company's principal office is:

777 E. Atlantic Blvd, Suite 301

Delray Beach, Florida 33407

The mailing address of the limited liability company's principal office is:

777 E. Atlantic Blvd, Suite 301

Delray Beach, Florida 33407

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or 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.

- a. Granted to:___ 8- NNF b. No authority granted to: ______gage or encumber properties. PH L: 2.
 - May enter into other transactions on behalf of, or otherwise act for or bind, the company
 - a. Granted to : ____ (leases, utilities, repair agreements and related matters).
 - b. No authority granted to: _____

Signature of authorized representative

Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)